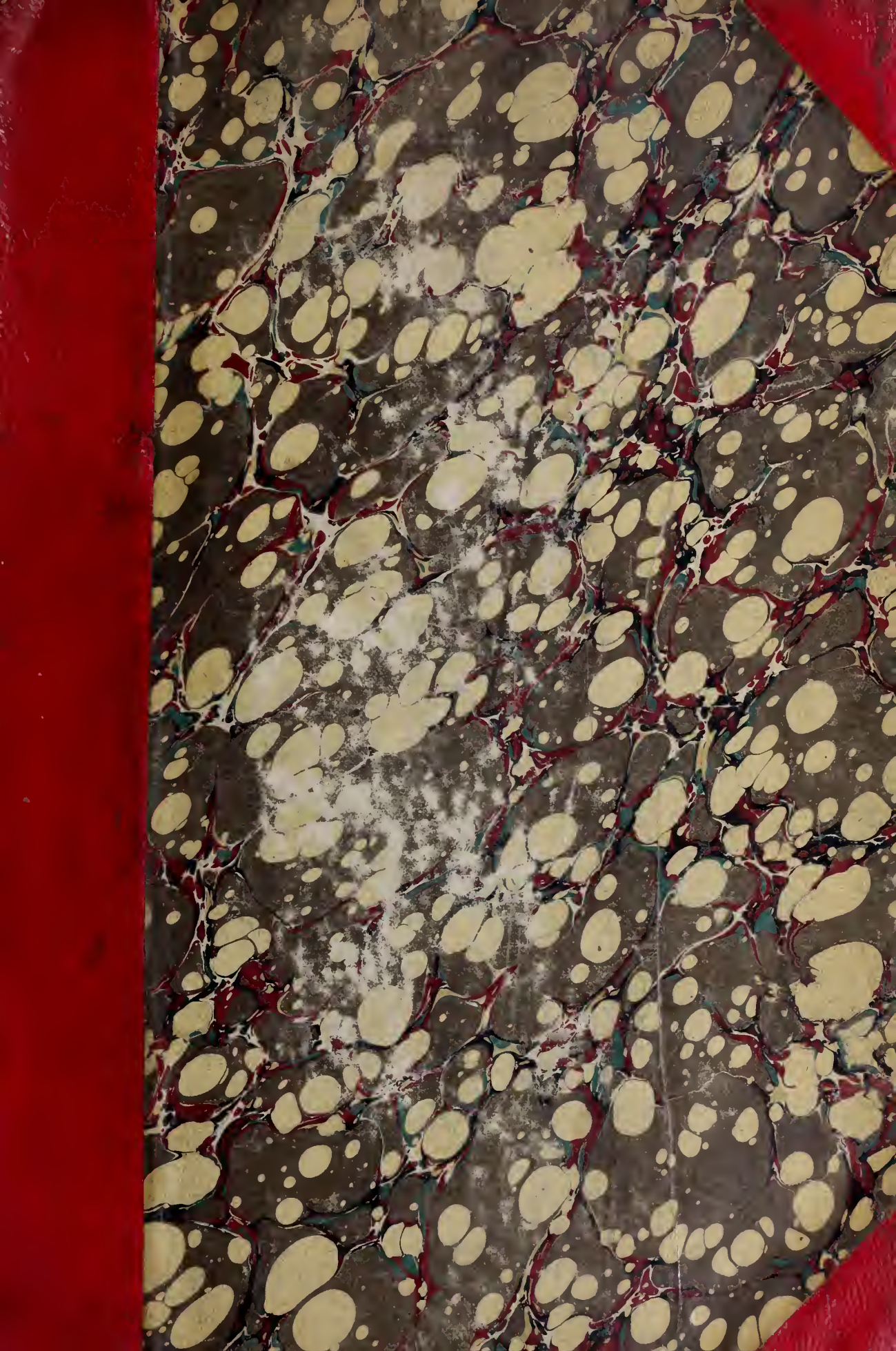

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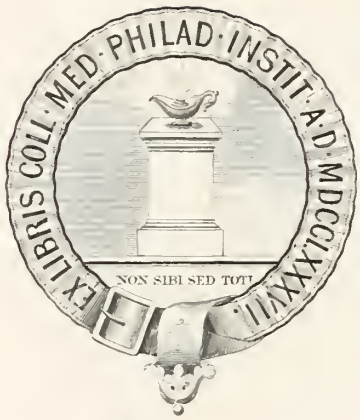
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Original Communications.

CLINICAL LECTURE

ON DISEASES OF THE SKIN—CASE OF PSORIASIS—MEDICAL WARDS OF MERCY HOSPITAL.

BY N. S. DAVIS, M. D.

Professor of Clinical Medicine.

GENTLEMEN: Before subjecting to your examination the case before us, your attention will be occupied a few moments with some comments on the general subject of cutaneous diseases. To most practitioners this is an uninviting topic, and students rarely give it that attention which its importance demands.

This class of diseases, although seldom dangerous to life, are nevertheless of frequent occurrence, many of them protracted in duration, some of them contagious or communicable, and all of them more or less annoying to the patient. Hence it is very important for every student to give them such attention, that he may be able to promptly distinguish one class from another, and to give such as may apply to him for relief the most efficient treatment. Modern writers on Dermatology or cutaneous diseases appear not to agree on any common principle of classifying the diseases in question; but some are grouped together from a supposed analogy in causation, as when they arise from *parasitic* influence; others from a common property of communicability or contagiousness; and still others from something common in the form of the eruptions. As an aid in the work of diagnosis, we think no better principle of classification has been discovered than that which was adopted many years since by Willan and Bateman, and was founded on the anatomical structure of the different varieties of cutaneous eruptions.

If we omit the modifications dependent on constitutional syphilis, and the morbid growths such as tubercle and molusenm, we may arrange all the ordinary cutaneous eruptions into five classes. The first will embrace all those in which the inflammation is so superficial as to produce only a red spot of greater or less size, without any appreciable exudation either into the cutis vera or between it and the cuticle, consequently there is neither elevation, induration nor vesication in this class, but simple red spots. These spots may be very small and generally diffused over the surface, as in scarlatina, or they may be small and grouped in clusters, as in measles, or they may be larger and more isolated, as in roseola and erythema. These form the *Exanthematous* class. The second will embrace all those eruptions in which the inflammation is sufficient to cause a serous exudation between the cutis vera and the cuticle, simply elevating the latter into the form of a vesicle filled with lymph or serum, but without any plastic exudation sufficient to give hardness or thickening of the cutis vera. The vesicles may be very small as in scabies and eczema, or larger as in varicella, herpes and pemphigus. These are called vesiculæ, or the vesicular class.

The third will embrace those in which the inflammation is sufficiently intense not only to cause an exudation of lymph or serum between the cutis vera and cuticle, forming a vesicle, but in addition, sufficient plastic exudation into the true skin and the subjacent tissue to furnish a more or less elevated and indurated base on which the vesicle will rest. Suppuration or the formation of pus in the vesicle during some stage of its progress, is also a constant occurrence in all the varieties included in this group. Hence they are called pustulæ or the pustular class. The more important examples of this class are Ecthyma, Impetigo, Mentagra, Porrigo, and the pustules of Variola and Vaccina.

The fourth embraces those eruptions in which the inflammation causes a minute amount of plastic exudation into the cutis vera, causing a slight induration and elevation, but without either vesication or suppuration. The small indurated and elevated spots thus formed are called papules; hence the group are called papulæ or the papular class. The chief varieties of disease included in this class are Lichen, Strofulus and Porrigo.

The fifth and last class embraces those affections of the skin characterized by such a

chronic grade of inflammation as causes spots of variable size, in which the cutis vera is more or less thickened, and from which the cuticle is constantly being exfoliated in the form of laminæ or dry scales. This latter circumstance has caused this group to be called squamæ or the squamous class. The varieties of disease properly belonging to this class are Ptyriasis, Lepra, Psoriasis, and perhaps the leprosy of the ancients. Ichthyosis or fish-skin, which has sometimes been included in this class, is generally a congenital defect rather than a cutaneous inflammation.

With these general remarks you will be prepared to proceed with the examination of the case before you. The patient is a young man of foreign birth, a sailor by occupation, and apparently in fair general health, but presents spots of cutaneous disease on his legs, thighs, arms, and a few on the trunk of the body. The first step in the matter of diagnosis is to determine to which of the classes we have named the case belongs. As you individually proceed to examine carefully those spots on the uncovered parts of the patient's legs you will readily see that they are not made up of minute red points like the rash of measles or scarlet fever, and can not therefore belong to the exanthematous class. Neither can you find any vesicles either filled with lymph or broken and weeping a serous fluid, as in the vesiculæ; nor any pustules filled with pus and standing on a hard base as in the pustular class. You look equally in vain for the small hard elevations or papules which characterize the fourth or papular class.

What, then, have you in this case? Simply scattered spots, varying in size from the circumference of a pea to that of a silver half dollar, of irregular outline, deep red color, slightly elevated and rough, and on the surface of which appear dry, white, thin laminæ of exfoliating cuticle. These characteristics place it directly in the class of squamæ or scaly diseases. Having designated the class to which it belongs, the next step is to ascertain which variety of that class it represents. There being but three varieties of this class met with in this country, the identification is easy. The Ptyriasis seldom if ever exists on any part of the skin except that covered with hair, as the scalp, arm-pits and pubes. It is accompanied by only slight redness, and the exfoliating cuticle is in the form of very small scales, like dandruff. None of these circumstances apply to the case before you. Lepra may come on any part of the surface in red, dry, rough spots, at first the size of a half dime. They spread regularly on the circumference and heal in the centre, and thereby soon assume a circular or ring form; hence the popular name of "ring-worm." The spots before you have no such regular ring form, although some of them have existed and been slowly increasing for many months. The only remaining variety of the squamous class is Psoriasis, of which the spots on the legs before you are perfect examples. You see them variable in size, irregular in outline, dry, rough, deep red, with large thin white laminæ of cuticle on the surface. The disease is chronic, the spots generally increasing in size slowly, and continuing for months and years unless interfered with by remedies. Sometimes the spots come in the palms of the hands and present a very hard, rough, and sometimes fissured appearance. It is then called Psoriasis Palmaris or "baker's itch." The disease does not appear to be dependent on any particular constitutional derangement, though often connected with constitutional syphilis. In the latter case the spots have a more livid or coppery color. Except in the latter class of cases, the most important part of the treatment consists in proper local applications. If there is any manifest derangement of the digestive or other important functions, it should be corrected. In the absence of any special indications, it may be advantageous to give small doses of some one of the arsenical preparations. We shall give this man eight drops of Donovan's Solution three times a day for the first ten days, and have the spots rubbed thoroughly night and morning with an ointment of iodide of sulphur 20 grs. to the oz. of cerate. After the first ten days we will substitute an ointment of ammoniated mercury, 20 grs.; pulv. g. camph. 8 grs.; tinct. bloodroot fl. ʒ ss., rubbed

together and mixed with simple cerate ℥ j. Let this be applied every night and the surface wet with glycerine in the morning.

A full alkaline bath should be used twice a week; the diet plain, exercise in the open air moderate, and all stimulants avoided.

RAT BITE—FOLLOWED BY SEVERE CONSTITUTIONAL SYMPTOMS.

BY CHAS. W. EABLE, M.D., CHICAGO.

S. N., æt. 40—Employed by Postoffice Department of this city. This patient is a strong and robust American, and while emptying a box was bitten by a rat in the *abductor pollicis* muscle of the left hand.

The wound healed in two days, and the accident had almost been forgotten, when on July fourth, nine days after the reception of the injury, a small point of inflammation was noticed at the place mentioned above.

I saw the patient the following day and found a hand, hot, swollen and painful. The pulse was full and somewhat accelerated, tongue covered with a whitish coat, and there was evidence of an erysipelatous tendency, as the redness which surrounded the point where the poison was inserted had extended up the forearm to a considerable extent.

I ordered immediately morphia q. s. to allay pain, and a tonic consisting of quinine and iron. As an external application I ordered a linseed poultice upon which a drachm of carbolized glycerine (℥ i to ℥ ii) was placed.

The following day the patient was not any better and I increased the dose of quinine and iron.

By the eighth, symptoms began to abate. The ninth and tenth my patient improved. On the eleventh the inflammation had nearly subsided and a hard dark colored core remained. It was the size of a very large hickory nut and perfectly destitute of sensibility.

The iron and quinine was given four times a day and the poultices continued. From the twelfth to the fifteenth of July every thing progressed favorably. My patient experienced very little pain, there was no soreness, and I anticipated a safe and comfortable convalescence for him.

July sixteenth, Mr. N. had occasion to visit one of his rented houses in a distant part of the city. He walked some distance and became quite weary. In fact exerted himself more than he should at this time in his convalescence. The seventeenth he was not as well. There was more heat and swelling in the hand. The day following his hand was still swollen and one of the lymphatics on the anterior aspect of the forearm was inflamed and enlarged. I painted the gland with iodine and increased the dose of quinine and iron.

July nineteenth, I saw him early in the A. M. The gland which I had noticed the day before was not any larger, but three or four above the elbow were now considerably enlarged and very painful, while the lymphatics in the left axilla and one in the right was commencing to trouble him.

He had experienced chilly sensations during the night and was suffering from pain in all parts of his body. His pulse was full and bounding; tongue coated; bowels inclined not to move. Ordered quinine and iron in larger doses every two hours. Moved bowels with Pill Co. Cath. Used iodine freely over enlarged glands. Continued carbolized glycerine.

July twentieth, patient is better. Discontinued tonic, and gave during day 60 grs. of the sulphite and 120 grs. of the Bi-Sulphite of Soda.

July twenty-first, patient is improving, the enlarged glands are disappearing.

July twenty-second, the slough has separated leaving an ulcer 1½ by 1 inch in size to ⅓ inch in depth. Ordered to continue tonic four times a day with a nutritious diet. As an external dressing, I left the following:

℞ Oleum Ricini ℥ ii.
Glycerine ℥ ii.
Carbolic Acid ℥ ii.

Under this treatment the patient rapidly improved and finally resumed his former occupation.

This case to me was interesting in two particulars. (1.) The latent character and

time of incubation of the animal poison. (2.) The prompt effect of the tinct. ferri chloride with the quinine. In regard to the time of incubation of this poison, authorities are silent. Holmes has a chapter on animal poisons, but says nothing of the time of incubation. Gross, Ericksen and Druitt are also silent. In this case it was about nine days. The recording of one case proves nothing, but if all the cases of this kind were collected, we might arrive at the correct conclusion.

In conclusion I speak of the treatment. Prof. Andrews has always insisted that tinct. of iron is the remedy *par excellence* for erysipelas. The treatment is not therefore new, but my experience in the case has given me greater confidence in the remedy.

673–5 West Lake Street.

NOTES

OF SOME RECENT CASES OF INJURIES OF THE EYE, ILLUSTRATING THE DIFFERENCE OF RESULTS UNDER DIFFERENT MODES OF TREATMENT.

REPORTED BY SAMUEL J. JONES, A.M., M.D.

Professor of Ophthalmology and Otology, Chicago Medical College.

First Case.—A. B., a blacksmith, was engaged in dressing a small piece of hot iron which slipped from the tongs with which he was holding it and struck him in the eye. The heated metal came in contact with the lids of the eye as well as the conjunctiva over the cornea and sclerotica, burning all as far as the inner canthus, quite severely. The patient was seen within a couple of hours after the accident. The ball and interior of the lids were coated with fresh castor-oil, and leeches applied to the temple.

A collyrium of Sodæ Bi-boratis grx.

Aq. rosæ	f ʒ iss.
Glycerinæ (Price's)	f ʒ ss.
Morphiæ Sulph.	gr. ss.

M.

was prescribed, and cold water dressing applied to the eye.

The next day the lids and conjunctiva were much swollen, and there was considerable muco-purulent discharge. The cold water dressing and the same collyrium were continued, and the pupil was dilated with

℞ Atropiæ sulphatis gr. iij.
Aquæ destillat f ʒ i.

and a saline aperient was given.

The pupil was kept dilated for several days, until all fear of iritis had passed, and the same treatment was continued three days longer. The dressing was then omitted and collyrium of

℞ Zinci Sulph. gr. iv.
Aq. destillat f ʒ ij.

substituted for the one he had used. The discharge diminished, the eye improved and at the end of ten days the patient resumed his accustomed employment, and suffered very little inconvenience from it, and in two weeks more the eye was quite recovered from the injury, and no cicatricial contraction had resulted.

Second Case.—C. D., a laborer was engaged in splitting some "kindling wood," when a small piece flew and struck him on the ball of his left eye, but so slightly that he attached no importance to it, and it caused him so little inconvenience that although the injury occurred on the night of the 8th of November, he only applied to his physician on the 12th. By the physician the injury was regarded as so slight in character, that he did not prescribe for it until the patient applied to him a second time on the 14th, by which time the eye had begun to annoy him, and then "powdered alum and the whites of egg," is alleged to have been applied to the eye and continued about twenty-four hours. Then a poultice of bread and milk was applied, and continued as patient reports, for twenty-four hours longer, and cups were applied to the temple. Following this, "slippery-elm water" was applied for a number of days.

I saw the patient first on December 4th, at which time he gave the foregoing history of his case and said that this was the treatment he had had, except that for the previous week his physician had twice a day applied some kind of a solution to the eye with a pencil that burned severely.

Examination showed the entire cornea to be sloughing, and danger of hernia of the iris existing. The conjunctiva and the lids were much swollen, and the anterior chamber was

filled with pus. No vision in that eye. The other eye was not affected. A solution of

℞ Atrophiæ Sulph. gr. v.
Aq. destillat f ʒ i.

was dropped into the eye, and the eye was bathed freely with cool water. The patient's system had become reduced, and he complained of profuse night sweats. ℞ Tr. Ferri Chlor. and generous diet were prescribed.

When seen next day he complained of less pain, but examination of the eye showed that in the meantime perforation of the cornea had occurred, and the pus had escaped from the anterior chamber, but the iris was not protruding. There was then more perception of light and shade. The solution of atropia was re-applied, but on the following day hernia of the iris occurred which was not withdrawn until after having been punctured and the distension relieved.

Considerable inflammation continued, and leeches were applied to the temple, and collyrium of

Zinci Sulph. gr. iv.
Aqnæ destillat f ʒ ii.

was used, with frequent bathing with cold water.

There has been and there is still so much annoyance from the loss of substance of the cornea, and consequent protrusion of the iris and chafing of it from the movement of the lids, that abscision of the cornea has been advised as the speediest and most effectual mode of getting rid of the condition, which is only a source of annoyance without any prospect of improvement to a sufficient extent to promise any usefulness of the eye, six weeks having elapsed since the injury was received.

Third Case.—E. F., a lady, engaged in some of her domestic duties, had a bottle of solution of corrosive sublimate, spilled by a servant into her face, a portion of the solution entering her eyes and mouth. Her intelligence prompted her to apply olive oil to the injured parts as speedily as possible, and as soon as she could obtain the albumen of eggs to apply that, whilst a physician was summoned. It seems that the solution must have been strong enough to have been decidedly escharotic, for three months after the injury, I was asked to see the case, and I found a large part of the cornea considerably opaque, and some cicatricial contraction in the conjunctiva where it is reflected from the lower lid to the ball. The further history of the case as I received it from the attending physician, was that from the first time he saw the case, he was so restricted by the husband of the lady who feared as much from any interference on the part of a physician as from the injury, that but little was done to reduce the inflammation except to apply a few times a weak solution of nitrate of silver. In fact the case was left almost entirely to nature to repair the damage done. The thickening of the conjunctiva and cellular tissue beneath impaired free mobility of the lids and produced slight ptosis. One month later the ptosis continued, and the contraction of conjunctival cicatrix was more of an impairment of the mobility of the eye; the opacity of the cornea continued, though in a less degree, but still sufficiently to prevent good vision, and the posterior synechia which had resulted from the accompanying iritis still remained.

Fourth Case.—G. H., a fireman on a locomotive, was engaged in putting hot tallow in one of the boxes of the engine, when the sudden escape of steam blew the molten tallow into his face and eyes. He was seen within an hour after the injury, at which time swelling of the conjunctiva had commenced. The burn involved nearly the entire conjunctiva of the right eye, and about two-thirds of that of the left. The balls and the interior of the lids of both eyes were coated with fresh castor oil, and the face as far as it was burned was kept covered with linimentum aquæ calcis. The pain was controlled by morphia. The next day there was great chemosis, and the lids were very œdematous. The pupils were dilated with sulphate of atrophia, and a collyrium of

℞ Sodæ Biboratis, gr. x.
Aquæ Rosæ f ʒ jss.
Glycerinæ (Priees) f ʒ j.
Morphiæ Sulph. gr. j.
M.

was used, and a mild opiate was given. The collyrium was dropped into the eyes four times a day, and continued four days, when a collyrium of sulphate of zinc, two grains to the ounce of rose-water was substituted, and used twice a day. The lime-water liniment was continued as the external application. At the end of a week the swelling had disappeared from both eyes, and the cornea of the left eye had regained its clearness. In the right one there still remained considerable haziness, which gradually disappeared without change of treatment, and the recovery was complete, unattended by any cicatricial contraction of the conjunctiva, or impairment of sight.

Clinical Reports.

SERVICE OF PROF. ANDREWS IN MERCY HOSPITAL.

MULBERRY CALCULUS.

A BOY sixteen years of age was admitted with an irritation of the bladder, which had lasted since early childhood. The sound disclosed a calculus. After a few days, constitutional preparation, Dr. Andrews cut for the stone by the lateral method, and removed a fine mulberry calculus about an inch in diamter.

Second day. Patient passes the water by the natural route.

Third day. A little dribbling from the wound.

Fourth day. Water all passes *per vias naturales.*

Tenth day. Discharged cured.

PHOSPHATIC CALCULUS.

This patient, a boy seven years of age, was admitted with great pain and vesical tenesmus. The sound disclosed a calculus, which was removed by the same method as in the previous patient. It proved to be a large stone of the phosphatic variety. The patient was placed upon the use of tincture of iron as a safeguard against pyaemia, and discharged cured on the fifteenth day.

CURIOUS OPIUM CURE.

A patient entered for tertiary syphilis. He was found to be an opium eater, and to be in process of cure by a quack method of considerable ingenuity. He was furnished with a pint bottle of medicine, intended to last him a month, and for which he paid ten dollars. He was assured that it would prove a perfect substitute for his opiate, so that he could leave off the latter at once without distress. This he found to be the case, and very naturally, for the bottle appeared to contain a solution of morphine colored with some deep red dye. Every month he sends ten dollars for a new bottle, which the quack makes a little weaker than its predecessor; and at length, in about a year and a half, he gets "tapered off" to nothing, and is cured. This patient is now on his thirteenth bottle. Fearing he would not persevere in reform, Dr. Andrews refrained from exposing the deception, but advised him when he sent for the next bottle to "taper it off" himself a little faster by putting into the bottle after every dose, as much pure water as the bulk of the dose taken out.

COMPOUND DISLOCATION OF THE ELBOW. ANTISEPTIC TREATMENT. (OUTSIDE PATIENT.)

A woman was thrown from a vehicle, tearing loose all the ligaments of the left elbow, so that the bones could be moved in all directions. A large wound existed in front, through which the finger could be inserted freely into the joint. Dr. Andrews drenched the interior with carbolic acid and water, fifteen grains to the ounce, and covered the wound with lint dipped in carbolic acid and castor oil, forty grains to the ounce. This dressing and injection was daily repeated. Arm laid in a tin splint.

Fourteenth day after injury. No anchylosis, nor even synovitis.

Sixteenth day. Sharp attack of synovitis, which was combated with ice-bags, and continued use of the carbolated water and carbolated oil.

Twenty-second day. Synovitis subdued.

Thirty-fourth day. Two cellular abcesses, but no anchylosis.

Fortieth day. No anchylosis.

Fifty-sixth day. Wound healed. No anchylosis of the joint, and the case promises a splendid success. There was scarcely a spoonful of pus discharged during the whole treatment.

COMPOUND FRACTURE NEAR ELBOW.

Boy run over by a wagon, crushing off the humerus close to the joint. Extensive wounds. Ends of fragments denuded of periosteum. Gave ether, and trimmed off the denuded ends of the bone. Drenched the interior with carbolated water as in the other case, and covered the wounds with lint dipped in the carbolated oil. Tinct. iron internally, and repeat the dressing and injections once a day. Tin right angular splint.

Fourth day. Doing finely. No inflammation, and scarcely any pus. Continue.

No inflamation followed, and now at the twentieth day, the wound is rapidly healing.

SINGULAR MALFORMATION.

Dr. Chas. Badger, of Milton, Wis., sent in a model of the bones of the left arm of a patient, presenting a remarkable deviation from the usual anatomy. This limb has two elbows and two forearms, one on the end of the other. The humerus is only about four or five inches long, and terminates at the upper elbow. From this articulation two bones, one behind the other, extend down to the normal elbow. The posterior bone slides up and down on the anterior one when the lower elbow is extended and flexed. From the lower elbow to the extremity of the limb the usual anatomy prevails. The motion of the upper elbow is quite limited. The right arm is perfectly normal, but of late years rather weak, the patient being old, so that the abnormal arm is at present much the best one. Those scientists who see in all human monstrosities a reversion to the type of some inferior animal, will now have to bestir themselves to hunt up some animal with two elbows on each arm. The specimen will be placed in the Chicago Medical College museum.

PENIS BATHS.

Prof. Andrews has been experimenting in cases of chancre, to see if long-continued baths of the penis in astringent solutions weak enough to avoid smarting, will have the same curative effect as the brief and painful cautery of nitric acid. One case especially, where a phagedenic chancre had continued to spread in spite of repeated cauteries with the acid, was promptly arrested by the penis baths. For this purpose Dr. A. uses a small jar holding a pint. This is filled with a solution containing cryst. carbolic acid, five grains to the ounce, and chloride of zinc, two grains to the ounce of water. The patient, either sitting or lying, lays the penis in the bath for one hour three times a day. The strength of the solution varies according to the sensitiveness of the patient, being kept in all cases just below the smarting point.

In cases of gonorrhœa, the Doctor uses the same solution by way of irrigation. He has a reservoir holding a quart or more, five feet above the patient's penis. A rubber tube, terminating in a flexible catheter, size No. 6, is attached, and the catheter inserted into the uthrea, but not into the bladder. A quart of the solution is placed in the reservoir and allowed to run into the urethra, where escaping from the eye of the catheter, it runs out again between the catheter and the walls of the canal, giving the latter a thorough and long-continued drenching. The effect is excellent.

PRESENTIMENTS OF DEATH.

On this subject Dr. Andrews remarked as follows:

Where a patient, without being frightened, excited, nor yet impressed by being told of danger by others, coolly arrives at the opinion that he will die, it is a serious symptom. I do not think the popular opinion is correct which asserts that in such cases the patient dies *in consequence* of his own opinion of his danger, as the following cases will show. It is remarkable how some patients get a clear impression of coming danger before the surgeon can detect symptoms of its approach.

Case 1. Man in good health admitted with fractured leg. There was nothing alarming, or peculiar in the case, but I found the

patient one day possessed with a cool and quiet, but perfectly clear impression that he would die. Struck with his conviction, I examined his pulse and general condition minutely, without finding any ground for apprehension. I also called on Prof. Johnson, who examined him carefully with a like result. I therefore assured the patient that there was no occasion for fear. Yet within three days he was attacked with pneumonia, which brought him to the verge of the grave, and though he ultimately recovered, his presentiment came within a hair's breadth of being true.

Case 2. A man of apparently good constitution received a severe injury, lacerating the soft tissues extensively on the inner side of the right ankle and foot. The bones were not injured, and on examination there appeared to be nothing to discourage the hope of restoring a useful limb. He was given tincture of iron internally, and suitable local dressings, and for several days appeared to be doing well. One morning, however, as I made my rounds of the hospital, he inquired of me when I was going to amputate the limb. I was surprised at the question, but told him as I had done before, that I did not expect to do it at all, as I hoped to save it. He then assured me with perfect calmness and distinctness, that an amputation was necessary and unless performed he would die. The memory of the previous patient flashed over my mind, and I proceeded to re-examine him very closely, yet as the edges of the wounds were rosy and healthy, and the pulse good, I refused to operate. About forty-eight hours later extensive sloughing of the soft parts commenced, accompanied with such a prostration that the patient barely escaped death, and was too weak to bear an operation. The limb was now ruined, and it was only by great diligence that I succeeded in getting him slowly improved enough to bear the amputation. He ultimately recovered, with the loss of the limb at the middle of the leg.

Case 3. A young man entered with a varicocele. He was ruddy, and apparently healthy. I gave ether, and operated by shortening the scrotum. After the operation he took up a very clear impression that he would die. Close examination showed no reason for apprehension, yet his impression continued. After five or six days, however, my encouragements, and the assurances of the House Surgeon, seemed to convince his reason, and he gave up the idea of death. About the ninth day the wound presented a healthy, rosy aspect, and the patient was cheerful and comfortable. I therefore told him that it was not necessary to confine himself to his bed and room any more than he felt inclined. A few hours after, a nurse passing along the corridor heard a noise as of labored breathing. He entered, and found him apparently dying. The House Surgeon was summoned instantly, and found him nearly pulseless. He gave stimulants, and used artificial respiration. The pulse improved, and the patient seemed to become conscious again, but he soon relapsed, and in a few moments more was dead. The post mortem showed that the heart was healthy, but the brain displayed marks of congestion, and contained two or three clots of extravasated blood.

A moment's thought shows that the popular idea of the patient's danger being a consequence of the expectation of death, is inadmissible in all these cases. The first one took pneumonia, a disease which cannot be produced by a mere notion. The second was imperilled by extensive gangrene, which is equally remote from anything producible by fear, while the third died suddenly, after he had given up the idea of being in any danger.

The new amphitheatre of the Bellevue Hospital was formally opened by the Medical Board of the Hospital on Sept. 15th, 1871. The lecture-room is capable of seating eight hundred students, and is said to be the largest and most complete in the country, if not in the world. The ventilation is excellent, and the light is reflected from the rotunda.

E. W. Houghton, Esq., has given $10,000 to Dartmouth Medical College, to establish a museum of pathological anatomy.

Niemeyer's Successor.—It is said that Prof. Liebermeister, of Zurich, has been appointed to succeed the late Prof. Niemeyer.

THE
MEDICAL EXAMINER.
A Semi-Monthly Journal of Medical Sciences.
EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, January 1st, 1872.

EDITORIAL.

THE MEDICAL EXAMINER.—The present number of the EXAMINER is presented to its readers in a new form and new dress, and is intended to mark a new era in the progress of medical journalism in the North-west — or, rather, in the center of this great continent.

For some months before the recent great fire in this city, we had been maturing our arrangements for commencing the new volume with an enlarged sheet, a more frequent issue, and such a corps of regular correspondents as would enable us to make the EXAMINER a faithful representative of the profession throughout the whole northern part of the great interior valley of this continent. These arrangements were only temporarily interfered with by the fire, and though compelled to make our first issue a few days after the proper date, we enter upon our work confident that we shall make our journal a useful and welcome visitor to the thousands of busy practitioners throughout the country. By issuing a larger page, with double columns, on the first and fifteenth of every month, we shall give our readers a greater amount of reading matter in the year, and bring it to their attention at shorter intervals. We shall give more space than heretofore to the clinical material furnished by the several hospitals, dispensaries, etc., within our reach; to the doings of medical societies, and to the collation of items of direct practical value from the current medical literature, both domestic and foreign. In the editorial columns proper, we shall continue to notice and advocate all measures calculated to promote the social, educational and scientific interests of the profession, regardless of particular schools, booksellers, or drug-manufacturers.

With ample experience in medical journalism, independent in pecuniary resources, we are under no supervision or restraints, except such as are imposed by a love of the profession and a sincere desire to advance its interests and promote its usefulness. We earnestly invite contributions from members of the profession, both in city and country, and respectfully ask a continuance of the confidence and liberal patronage which we have heretofore received. All letters and communications should be addressed to the "Publishers of the MEDICAL EXAMINER, No. 797 Wabash Av., Chicago, Ill."

SMALL-POX.—This disease appears to have prevailed so extensively in different cities and parts of the country during the last few months as to indicate a strong epidemic tendency. At the present writing there are something more than 100 cases of all grades (many light varioloid, others severe and unmodified) in this city. Reliable statements of its prevalence here are made in the weekly reports of the Board of Health; and all rumors which magnify its prevalence beyond these statements are exaggerations.

FRATERNAL.—A few days since we had the pleasure of a visit from Dr. Stone, of St. Paul, Minn., editor of the *North-western Medical Journal*. He has our best wishes for his success and prosperity.

PRIZE ESSAYS.—It is to be hoped that the Alumni of the Chicago Medical College will not forget the prize of $100 offered by the Alumni Association for the best essay on some medical subject, to be awarded by a committee at the next annual meeting. All such essays should be forwarded to the Secretary of the Association or to some member of the committee on or before the 20th day of February.

The committee to make the award consists of Drs. H. A. Johnson, E. Andrews, Walter Hay, and N. S. Davis.

No accomplishment is more valuable to the physician than facility and correctness in writing, and it can only be acquired by diligent practice.

Our City Subscribers.—We have a limited number of extra copies of the Medical Examiner for 1871, and we will cheerfully supply those of our subscribers who may have lost their numbers in the great fire *free of charge*, if they will call at our office for them.

Minnesota State Medical Society.—This active and efficient medical organization holds its next annual meeting at St. Paul, commencing February 6th, 1872. We think one or more delegates were appointed by the Illinois State Medical Society to attend the meeting of the Minnesota Society, but we have not the record before us. Dr. Franklin Staples, of Winona, is president, and informs us that any delegates from the Illinois Society will receive a most cordial welcome.

RE-UNION OF THE ALUMNI OF THE JEFFERSON MEDICAL COLLEGE.

The Alumni Association of the Jefferson Medical College proposes to hold a social re-union during the meeting of the American Medical Association in Philadelphia in May next. The Alumni of the College are cordially invited to attend. Those who expect to be present are requested to send their names and addresses to either of the undersigned secretaries.

Jewing Meaes, M. D.,
222 S. Sixteenth St.

R. J. Dunglison,
636 No. Eighteenth St.

Book Reviews.

A Text Book of Pathological Histology: An introduction to the study of Pathological Anatomy, by Edward Rindfleisch. Translated from the Second German Edition, with permission of the author, by William C. Kloman, M. D.; assisted by F. T. Miles, M. D., Prof. of Anat., Univ. of Maryland, with 208 illustrations. Published by Lindsay & Blakiston, Philadelphia. Chicago: For sale by Cobb, Andrews & Co. Price, $6.00.

This valuable and well-known work of Prof. Rindfleisch is now, for the first time, presented in an English translation. The rapid and important advances made during the past few years in the science of Pathology and Pathological Histology has been mainly owing to the researches of German investigators; and especially to the patient and careful labors of Profs. Rindfleisch and Billroth are we indebted for much of the knowledge gained in regard to these important subjects. The recent work of Prof. Billroth, translated by Hackley, being devoted exclusively to Surgical Pathology, touches but lightly upon the subject of Histology. Prof. Rindfleisch's work, therefore, fills as it were an unoccupied gap in our recent literature, and forms a most appropriate and valuable companion volume for the treatise of Prof. Billroth.

The Principles and Practice of Surgery. By John Ashhurst, jr., M. D., Surgeon to the Episcopal Hospital, and to the Children's Hospital, Philadelphia. Illustrated, with 533 engravings. Henry C. Lea, 1871.

This is an octavo volume of 1011 pages. It takes up the subject in a systematic manner and treats it with as much thoroughness as the space permits. We observe one valuable addition, hitherto very much neglected by the authors of our surgical text books, and that is the appending to almost all the discussions of prominent operations a paragraph giving the statistical results hitherto observed. The work is well brought up to the latest improvements, and is worthy of the confidence of the profession.

An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M. D., Lond., Member of the Royal College of Physicians, etc. Illustrated by numerous engravings on wood. Philadelphia: Henry C. Lea, Publisher. For sale by Cobb, Andrews & Co., Chicago.

This is a small volume of 250 pages, intended mainly as an elementary text-book for the student. It embodies a brief account of the more important morbid processes which take place in the human body, in accordance with the present position of pathological knowledge, the views advanced being mainly derived from the works of the leading German investigators, Rindfleisch, Billroth, etc. The work while sufficiently comprehensive for the purposes for which it is intended,

has the especial merit of presenting in a condensed form all the more recent advances in the science of Pathological Anatomy.

Cancer. Its Classification and Remedies. By J. W. Bright, M. D. Published by S. W. Butler, M. D. Philadelphia. Chicago: For sale by W. B. Keen & Cook. Price, $2.00.

Transactions of the American Opthalmological Society. Eighth Annual Meeting. July, 1871. New York: D. Appleton & Co.

The volume contains a number of valuable and interesting reports.

First Biennial Report of the Board of State Commissioners of Public Charities of the State of Illinois. December, 1871.

We acknowledge the receipt of the following volumes, which will receive notice in our next issue: Dalton's Treatise on Human Physiology. Pulmonary Consumption, by C. J. B. Williams, M. D., etc. Pulmonary Consumption, by James H. Bennet, M. D. Neuralgia, etc., by F. E. Anstie, M. D. Modern Therapeutics, Naphey's. The American Practitioner; edited by David W. Yandel, M. D.; vols. III and IV; 1871. The Physician's Pocket Record, comprising a Visiting List, many useful Memoranda, Tables, etc., by S. W. Butler, M. D., Philadelphia.

Society Reports.

REGULAR MEETING OF THE CHICAGO MEDICAL SOCIETY.

Office of Dr J. P. Ross, }
Dec. 4th, 1872. }

Dr. R. G. Bogue in the chair.

Dr. Stillians exhibited a mature fœtus, of which the following is the history: Two days previously a request was left at the Doctor's office to call sometime during the day, and in the evening when he arrived at the bedside he found the fœtus expelled and a midwife trying to remove the placenta. The attendant directed the Doctor's attention to the fœtus, at the same time affirming that the head presented, and that no force had been used in its extraction. The scalp was found to be lacerated, the neck presenting a gaping, lacerated wound which extended from one angle of the jaw to the other, the cranial cartilage comminuted, and the brain to be still within the vagina. The body of the fœtus was hard, shining, swollen and œdematous, the upper extremities imperfectly developed, the lower malformed, having the appearance of an extra joint between the knee and ankle, and each presenting a fracture just below this false joint.

It was the opinion of the members present that the presentation had been pelvic, and that powerful traction had been made on the lower extremities.

Dr. Quine related the case of a stout, muscular blacksmith aged 19, who until May, 1869, had enjoyed uninterrupted health, but at that time having slept with insufficient covering in a wood-shed, was attacked by a severe chill, followed by protracted fever, distressing cough, copious rusty expectoration, profuse diarrhœa and rapid emaciation. The parents of the patient were living and in the enjoyment of good health, and no members of the family had died of pulmonary disease. On examination the patient was found considerably emaciated, depression above and below the clavicles, elevation of shoulders, diminished expansion of both sides, depression of intercostal spaces during inspiration, a dull sound on percussing the upper two-thirds of left side and upper third of right, but a tympanitic sound on percussing the right mammary and right infraspinous regions. Auscultation; crackling inspiration, prolonged expiration, and increased vocal resonance over the upper two-thirds of the left side and upper third of the right, over right infraspinous region gurgling with respiratory movements and on speaking the distinct transmission of articulated words. The last phenomenon was also discovered in the left apex anteriorly. The patient failed rapidly and died on the 8th day of October. The treatment consisted of cod-liver oil ʒ is. three times daily, iodide and bromide of potassium each gr. x. four times a day, anodynes as required, and bitter tonics.

Post Mortem.—Chest only examined. On removing the sternum and cartilages, about a pint of pus escaped from the right side. The right pleural cavity was obliterated by adhesion of the parietal and visceral pleura. A large cavity was found in the lower third of the right lung, bounded in front by visceral pleura, behind, above and below by a thin stratum of lung tissue, and a small cavity in the apex of the left lung, bounded on all sides by lung tissue. Both lungs were infiltrated with granular caseous matter.

The Vienna Medical Faculty is composed of 135 "kollegian," 19 ordinary, and 20 extraordinary professors, and eight privat-docenten.

Gleanings from Our Exchanges.

WHEN WILL SMALL-POX EPIDEMICS CEASE?

BY DR. E. MULLER (BERLIN),

Geh. Med-Rath u. Director of the Imperial Vaccination Institute of Berlin.

[From the Berlin Klin. Wochenschr.]

Epidemics of Small-Pox, often of malignant nature, are of no infrequent occurrence; and that, too, since the general introduction of vaccination. The immediate effect of such an epidemic upon the public is the increased tendency to vaccination. A subsequent effect is the seemingly strengthened claim of the opponents of vaccination of its lack of protective power, whereby vaccination is brought into disrepute. Highly opportune, then, is the question, why is it that, notwithstanding the fact that vaccination has been made compulsory, that but few individuals who have survived childhood remain unvaccinated, epidemics of small-pox unceasingly occur?

Investigations of this kind have long since led to the discovery of the fact that vaccination affords not a life-long, only a temporary prophylaxis. As a consequence, re-vaccination was adopted. This re-vaccination, however, has never been made a matter of legal compulsion except in the military service, where its adoption has furnished the most brilliant results. The authorities were content with merely recommending re-vaccination, and it must be confessed that this recommendation, in the rule, was but little heeded. It must also be confessed that if re-vaccination had been attempted to extent sufficient to stamp out a small-pox epidemic, the requisite amount of lymph would have been almost everywhere lacking. It would have been possible to obtain such a mass of lymph as whole communities would require, only by diluting it with glycerine. Thus the main hindrance to re-vaccination would have been overcome, and we may entertain the hope that every future epidemic may in this way soon be brought to an end. An indispensable condition to such a happy result is that the re-vaccination as well as the first vaccination shall have been properly performed.

As I have already shown in an essay "On Vaccination and the value of glycerine lymph for General Health" in Horn's Vierteljahrschr. 1869, Variola has become an unfashionable subject in the literature and among the faculties of Germany. Small-pox patients are hurried from the clinic as fast as possible. In the higher classes of society, where re-vaccination is seldomer neglected, small-pox occurs but rarely. The physician for the poor and for trades unions sends his variola patients as quickly as possible to the pest house. Hence human small-pox does not receive that consideration, that general medical interest, which is bestowed upon epidemics of other nature. Compare the scanty literature concerning the present small-pox epidemic with the abundance written every cholera season. The whole subject of vaccination, indeed, lies under comparative neglect. The only questions of interest seem to be the possibility of the transmission of syphilis, or the superiority of animal or human lymph. The majority of physicians are content to vaccinate from arm to arm with the virus they are able to command, and if called upon another day or in another place, they are not in supply of reliable virus from their own patients, but must beg it from the Institute or buy it at the drug store. No precaution is taken to lay by a supply for future use. Again, there is no little ignorance as to the proper method of its introduction, more carelessness as to the quality of the lymph employed. It is not of rare occurrence that individuals have been unsuccessfully re-vaccinated by their physicians, and afterward successfully re-vaccinated here at the Institute. According to my experience, the first re-vaccination almost always produces more or less genuine cow-pox pustules. When I hear physicians state, therefore, that they have vaccinated a large number of patients without any effect, I always consider myself justified in questioning the character of the lymph employed. Re-vaccinations of that kind react injuriously, not only upon the patients themselves by comforting them with the reflection that they are protected, but they are misfortunes for the whole subject of vaccination, as in case of a subsequent attack of small-pox the valuelessness of vaccination would seem to be demonstrated. Physicians, then, should never re-vaccinate with other lymph than that obtained from infants, and even then they should not be allowed to re-vaccinate unless they have obtained it themselves. Too often the physician fears public opinion to such extent that if he have no virus himself he will obtain at the drug store or elsewhere when he has no security whatever of its quality. Nor is it much better to re-vaccinate with animal lymph. As I have proven by my own experiments, a vaccination with animal lymph will not always succeed. Others confirm this in every

particular. In the vaccination institute at Rotterdam where animal lymph is cultivated it is never used for re-vaccination on account of its uncertainty. When a re-vaccination with human lymph is repeated upon individuals unsuccessfully re-vaccinated with animal lymph, it will be seen that human lymph has the decided advantage. If then, an unsuccessful re-vaccination by animal lymph be ascribed to an existing protection of the individual, the same disrepute is cast upon vaccination as when the experiment is performed with defective human lymph. Epidemics of small-pox will cease, therefore, only when re-vaccination shall have become general, and not then unless the re-vaccinating physicians make use only of reliable lymph.—*The Clinic*, *Dec.* 23, 1871.

A Fully Matured Tenia Solium Expelled from a Child five days old.—The following case which occurred in the Long Island College Hospital, is reported by Samuel G. Armor, M.D., in the New York *Medical Journal*, December, 1871. A well developed and apparently healthy child on the fifth day after birth exhibited symptoms of intestinal irritation for which three $\frac{1}{6}$ gr. doses of calomel were ordered, to be followed by oil. Some ten hours after taking the first dose of calomel the infant passed, per anum, two segments of what was at once recognized to be tape worm. The specimen was carefully preserved and submitted to different members of the hospital staff, and was also placed under the microscope and the diagnosis concurred in that it was a well marked tænia solium. Additional segments of the worm were passed from time to time during the succeeding ten days, but none having the appearance of the head.

The writer comments on the case as follows: "The tænia solium according to Kuchmeister's investigations, only occurs in children who partake of hog's meat;" neither he nor Cobold makes mention of the possibility of a fully matured tænia occurring in infantile periods of life. The theory appears to have been generally accepted heretofore, that the encysted parasites are taken with the food into the stomach, and that the embryo set free from the covering of the egg by a process of digestion, passes into the intestine, fixes itself to the mucous membrane, and by a proeess of budding, produces the long, tape-like series of articulations, which are finally converted into the full grown tænia. Whether this be the universally accepted theory, or not, certain it is that the encysted parasite, found in whatever part of the body, only develops to maturity in the intestinal canal. The query at once arises therefore, how did the cisticercus in the case here reported, gain entrance into the intestinal canal of the new born infant? for it is difficult to arrive at any other conclusion from the clinical history of the case, than that the worm was fully matured at the birth of the child.

Can the mother communicate the germs of the parasite to the fœtus in utero? and if so how do they gain entrance to the intestinal canal?

"To determine one of these questions, the mother, being still in the hospital, and having fully recovered from her confinement, was on the 8th of November—about two months after the birth of her child—put upon treatment for tapeworm; although neither previous history or present condition indicated the presence of tænia. After thoroughly evacuating the bowels, and while fasting she was ordered an emulsion of pumpkin seeds, which she faithfully took for twenty-four hours, at the end of which time she passed over seventy segments of tænia. This completes the clinical history of a case which throws much doubt upon the present received theories as to the probable and *exclusive* source of tænia. That the encysted parasites gain entrance to the stomach and bowels by means of animal food containing the parasytic germs, the experiments of Kuchmeister and others leave no room to doubt. But that they may gain entrance through the mother to the fœtus in utero would appear to be equally well established by this case."

Ovariotomy.—At a meeting of the Royal Med. and Chir. Soc., on the 13th of June, T. Spencer Wells presented a fourth series of one hundred cases of ovariotomy, which, following the order of former papers, he had arranged as follows:

Series 1. Cases in which ovariotomy was completed–100 cases: 78 recoveries, 22 deaths.

Series 2. Cases in which ovariotomy was commenced but not completed—6 cases: 2 relieved or cured, 4 died.

Series 3. Cases where an exploratory incision was made—7 cases: 5 recovered from incision, 2 died.

He showed that the mortality after ovariotomy was steadily diminishing. Of his first 100 cases, 34 died; of his second 100 cases, 28 died; of his third 100 cases, 23 died; and of his fourth 100, 22 died. Of this fourth series, 44 had been in hospital, and 56 in private practice. In private practice mortality was only 14 per cent., while in hospital it was 31 per cent. The author believed that the mortality in private practice might be taken as a guide to what might become the general average mortality after ovariotomy, and he was convinced that it might be reduced

to about ten per cent. without excluding those extreme cases when the operation was performed as a last hope.—*Br. Med. Jour.*

Phosphates in Pregnancy.—Mr. Metcalfe Johnson, of Lancaster, recommends in the *Medical Times* the hydrated phosphate of lime of the British Pharmacopœia as a remedy for the sickness of pregnancy. He gives it in doses of from three to ten grains each, three times daily, suspended in water, and flavored according to the patient's taste. In some cases the relief has been so striking that patients have sent to ask for "some of that medicine that relieves the sickness." Mr. Johnson thinks the drug may supply phosphates to the nervous system, and also to the embryo, and that if phosphates be not supplied, the child may grow at the expense of the mother's osseous and nervous system.—*The Doctor.*

Bromide of Calcium.—The New York *Medical Journal* for December, contains a short note relative to this new preparation, by Wm. A. Hammond, M.D. He describes it as a white crystalline substance, very soluble in water, and readily decomposing on exposure to the atmosphere. Its taste is similar to that of bromide of potassium, though somewhat more pungent and disagreeable. The dose is from fifteen to thirty grains or more for an adult.

The action of bromide of calcium is similar to that of the other bromides, but it appears to be especially useful in those cases in which a speedy effect is desirable, as, owing to its stability, the bromide is readily set free and its peculiar action on the organism obtained more promptly than when either of the other bromides are administered. Chief among these effects is its hypnotic influence, and hence the bromide of calcium is particularly beneficial in case of delirium tremens, or in the insomania resulting from intense mental labor or excitement.

In those exhausted conditions of the nervous system attended with great irritability, such as are frequently met with in hysterical women, and a mental condition of extreme excitement, bromide of calcium has proved of decided service.

Diphtheria.—Dr. James E. Reeves, Wheeling, W. Va., (*Medical Times*) states that experience has abundantly satisfied him that the use of strong caustics is not advisable in the treatment of diphtheria—that in numerous instances they aggravate all the symptoms, and thus greatly endanger the patient. The tincture ferri chloridi may be applied in full strength to the diphtheritic patches and to the surface around their borders, by means of a camel's hair pencil; but even this practice he has generally abandoned during the last five or six years, and now contents himself with gargles or the atomized spray of the chlorine and iron mixture (℞ Potass. chlorat, ℥ ij.; acid hydrochloric puri, ℥ iss.; aquæ, ℥ vij.; tinc. ferri chloridi, ℥ j. M.) every hour or two when the patient is awake. At the same time this mixture may be internally administered, in the dose of from twenty drops to a teaspoonful, with or without a little simple syrup, every two or three hours, with the addition, if need be, of a little sulphate of quinia. Warm atomized inhalations of the chlorine and iron mixture, according to the above formula, promise, he thinks, the greatest hope in cases of diptheritic croup.—*Ibid.*

Treatment of Albuminoid Disease of the Kidney.—Dr. James H. Hutchinson, Physician to the Pennsylvania Hospital (*Medical Times*), says that the treatment of these diseases differs from that usually employed in other forms of Bright's disease. There is no indication to increase the flow of urine, for it is already sufficiently free, and the dropsy which is present depends simply upon the condition of the coats of the blood-vessels, which allows the ready passage of serum through them. The indication is rather to endeavor to prevent the loss of albumen, and with this view he prescribed to two of his patients ten grains of gallic acid four times daily, and for the older one, since he had a syphilitic history, ten grains of iodide of potassium, also three times daily. In the case of a boy, with the troublesome symptom, gastric irritability, he resorted to the use of lime-water and hydrocyanic acid and morphia. In many cases it resists every remedy, and, by the vomiting it induces, undoubtedly hastens the fatal issue, especially when diarrhœa exists at the same time — a coincidence which is by no means infrequent in cases similar to these. These symptoms depend, he says, probably upon the disease of the blood-vessels of the stomach and intestines.—*Ibid.*

News Items.

In Vienna during the winter semester of the academical year 1870-71, there were 1,653 students of medicine, and during the past summer semester there were 1,460.

Prof. W. W. Dawson has been appointed to succeed the late Dr. Blackman in the chair of surgery at the Medical College of Ohio.

MEDICAL COLLEGES AND GRADUATES IN THE UNITED STATES.—Dr. Toner's statistics for the Department of the Interior show the number of Medical Colleges in the United States to be,

Regular	60
Pharmacy	16
Dental	8
Homœopathic	8
Eclectic	8
Botanic	2

Forty-eight of the colleges have furnished statistics for 1870, which show 4,989 matriculates, 1,500 graduates, 77 ad Eundem, and 15 honorary degrees.—*Buffalo Medical and Surgical Journal.*

THE British Medical Journal gives the total number of students registered at the London hospitals during the present season as 1,468. New entries, 468.

MISS PUTNAM, a young American who has been following for some years the course in l'Ecole de Medicine, at Paris, recently submitted her graduating Thesis to the faculty. The President of the Board of Examiners found it deserving of the highest note—"*extremement satisfait*"—a mark rarely given for a Thesis. She also received the highest mark at each of her examinations. Miss Putnam is the first woman who obtained admission to l'Ecole de Medicine, but not the first who has graduated, as a Miss Garrett took a year's course and received her degree some time ago.

UNDER the new (Prussian) Faculty at the University of Strasbourg there have been 11 examinations for degrees in the scholastic year 1870-71, against 1,014 in the scholastic year 1869-70.

CHOLERA.—In spite of the cold weather the epidemic still holds its own in Russia and Galicia. In some villages of the latter it has broken out afresh.

OPIUM IN CROUP.—The use of opiates in the treatment of true croup is warmly commended by Dr. J. S. Seaton in the *American Practitioner*. Repeated doses of Dover's powder are given until the distressing symptoms are abated and an emetic (ipecac) is required.

MORTALITY.

MONTH OF DECEMBER, 1871.

Accident—burned	2
" crushed	1
" asphyxia by coke gas	2
" boiler explosion	4
" fracture of skull	2
" " inferior maxilla	1
Accident—by fall	3
" run over by waggon	1
" gun-shot wound	2
" by railroad	1
" " suffocation	1
Abscess of thigh	1
Albuminuria	1
Amputation of leg	1
Aphthæ	1
Apoplexy	1
Atheroma	1
Atelectasis pulmum	1
Bladder, inflammation of	1
Bowels, obstruction of	1
" chronic disease of	1
Biliary calculi	1
Brain, congestion of	7
" inflammation of	3
" softening of	1
Bronchitis	5
" capillary	4
Cancer of breast	2
" ovarium	1
" of stomach	1
" of uterus	1
Cholera infantum	1
Consumption	44
Convulsion	60
" puerperal	1
Croup	14
" membranous	3
Debility	3
Delirium tremens	2
Diabetes	2
Diarrhœa	2
" Chronic	1
Diphtheria	16
Dropsy, general	1
Dysentery	3
Embolia following phlebitis of leg	1
" of pelvic viscera	1
Enteritis	5
Entero colitis	1
" metritis	1
Exhaustion	1
Erysipelas	1
Exposure	2
Fever, congestive	2
" puerperal	6
" remittent	6
" scarlet	24
" " malignant	1
" typhoid	57
Gastritis	4
Hæmatemesis	1
Heart, disease of	2
" fatty degeneration of	3
" organic disease of	2
" rupture of	1
" valvular disease of	2
" neuralgia of	1
Hernia strangulation	2
"	—
Hydrocephalus	6
Inanition	5
Intemperance	1
Intestines, disease of	1
Kidneys, tumor of	1
" Bright's disease of	4
Laryngitis	2
Lithiasis (gravel)	1
Lungs, congestion of	1
Malformation (general)	1
" of head	1
Manslaughter	1

Measles	1
Meningitis	9
" cerebro-spinal	3
" tubercular	2
Metritis, puerperal	1
Metro peritonitis	2
Nephritis hepatitis	1
Old age	9
Paralysis	1
Peritonitis	2
" puerperal	2
Pneumonia	31
" typhoid	3
Potts' disease	1
Pyæmia	1
" and erysipelas	1
Rheumatism	2
Scrofula	2
Small-pox	47
Spine, injury of	1
Syphilis	1
Tabes mesenterica	15
Suicide by cutting throat	1
" " hanging	1
" " shooting	1
Throat, malignant sore	1
Uterus, hæmorrhage of	2
Uremic poisoning	1
Whooping cough	4
Total	526
Premature births	6
Still births	47
Total	53

COMPARISON.

Deaths in December, 1871	529
" " preceding month in 1871	516
Increase	13

AGES.

Under one year	134
One year to two	32
Two years to three	36
Three years to four	11
Four years to five	18
Five years to ten	35
Ten years to twenty	29
Twenty years to thirty	62
Thirty years to forty	62
Forty years to fifty	48
Fifty years to sixty	17
Sixty years to seventy	27
Seventy years to eighty	13
Eighty years to ninety	5
Total	529
Males	284
Females	245
Total	529
Married	138
Single	241
Total	529
Colored	8
White	521
Total	529

NATIVITIES.

Austria	2
Bohemia	7
Canada	4
Native Chicago	61
Foreign "	172
New York and other parts	78
Denmark	5
England	18
Germany	89
Holland	2
Ireland	52
Isle of Man	1
Norway	12
Poland	1
Scotland	6
Shetland Islands	1
Sweden	11
Switzerland	2
Unknown	5
Total	529
Deaths daily per month	17
Rain fell during month (inches)	3.440

MORTALITY BY WARDS, DECEMBER, 1871.

Wards.	No. Deaths.	Pop'n (1871).	Percentage.
1	—	8,103—one death in	—
2	2	13,449 " " "	13.449
3	33	17,934 " " "	543
4	11	14,022 " " "	1.275
5	15	14,991 " " "	999
6	37	22,918 " " "	619
7	48	15,590 " " "	325
8	54	25,420 " " "	471
9	49	30,778 " " "	628
10	14	17,292 " " "	1,235
11	21	19,212 " " "	772
12	17	15,018 " " "	883
13	14	9,740 " " "	696
14	12	9,339 " " "	779
15	77	25,706 " " "	334
16	15	16,380 " " "	1,092
17	13	18,814 " " "	1,449
18	12	18,805 " " "	1,567
19	—	9,237 " " "	—
20	1	14,522 " " "	14,522
Accidents	23	——	——
Barracks	10	——	——
County Hosp.	13	——	——
Foundling Home	2	——	——
Home for Friendless	2	——	——
Hosp. W'm'n & Chil.	1	——	——
Manslaughter	1	——	——
Police Station	1	——	——
Mercy Hospital	12	——	——
St. Jo. Orph. Asylum	1	——	——
St. Luke's Hospital	5	——	——
Scammon "	2	——	——
Small-pox "	8	——	——
Suicides	3	——	——
Washington'n Home	1	——	——
Total	529		

MONEY RECEIPTS, DECEMBER 15TH, 1871, TO JANUARY 8TH, 1872.—Dr.'s J. B. Le Bland, $2.00; D. B. Ior, 10.60; O. W. Sadler, 6.00; S. A McWilliams, 3.00; T. N. Livesay, 3.00; J. W. Jones, 3.00; C. N. Cooper, 3.00; A. D. Andrews, 3.00; W. T. Didlake, 6.00; O. T. Bundy, 3.00; Dr. Bell, 3.00; J. J. Rousseau, 3.00; W. M. Lander, 3.00; J. B. Cloud, 9.00; M. Risch, 3.00; C. J. Adams, 3.00; D. B. Copp, 3.00; M. M. Davis, 2.00; E. Winchester, 12.00; D. Duchett, 4.00; G. W. Dodge, 3.00; J. E. Best, 3.00; L. H. Kennedy, 6.00; J. H. Breeden, 3.00.

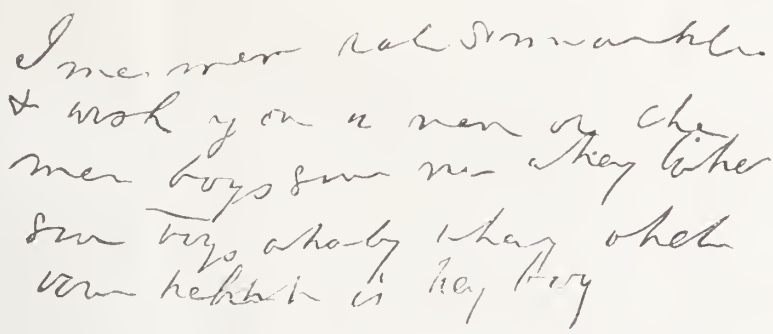
Original Communications.

APHASIA.

BY J. B. LYMAN, M. D. (ROCKFORD.)

Read before the Rockford Medical Association, and published at their request.

The subject of this paper may be best introduced by a brief report of a case that occurred in my practice a few years since, and which has lost none of its interest by age. On the seventh of January, 1867, about six o'clock in the evening, I was called to see Mrs. ——, then near the termination of her sixth pregnancy, and suffering at the time from a cold, with a very severe cough. I learned on my arrival that she was attacked while at the dinner table with a difficulty of speech and defect of vision. A note was also shown



me which she wrote to send to her husband at his office to ask him to come home, as she was ill. This, together with the account given me of the symptoms during the afternoon, showed me at once that I had an exquisite case of aphasia, attended with agraphia and hemiopia; for she had been, and was still, unable at times to use the words which she intended. Wishing to say that her hand was numb, she said it was "nuff." Wishing to inquire, as nearly as I could judge, about the pain in the left side of her head, she asked why it "loved in her black." The agraphia was even more marked than the aphasia, as may be judged by the note which she attempted to write to her husband, of which a *fac simile* is here given. The note is plainly written, and in her usual handwriting; but it not only does not convey the meaning which she intended, but is destitute of any meaning whatever. The words "me," "men," and "boys," can be distinguished — the latter suggested perhaps by the circumstance that she wished to send her boys with the note. She made a second attempt, which consisted simply of the words "I do not know know know." She then abandoned the attempt, fully conscious that she had not written, and could not write, what she wished.

The hemiopia was distinct at the commencement of the attack, and continued until after my arrival. She could not see the left half (at her own right hand) of the face of a person sitting opposite to her at table. She complained also of severe pain in the left side of her head. The aphasia was not complete, as she used more than half the time the words that she wished. I decided upon venesection, and drew several ounces of blood, and all her symptoms were greatly relieved before the bleeding was discontinued. She miscalled some words after that, but would generally correct herself immediately. Sinapisms were ordered to be applied to the feet. I saw her again the same evening; there was still some aphasia and pain in the head, though they had much abated. A purgative of castor-oil was given, which operated in the night. At my visit on the eighth I found her quite relieved of all her symptoms except a slight pain in her head. On the 11th she was taken with labor pains, and was delivered on the morning of the 12th. The labor was regular and not severe, and she made a

good recovery, without any return of the aphasiac symptoms, and there have been none since, though she has passed through another pregnancy. The discussion of the pathology of this case will be postponed to a subsequent part of this paper until after a brief consideration of that pathological condition, or rather symptom, which is now generally designated by the term *aphasia*.

Formerly the distinction between aphonia, or loss of voice, and aphasia, or loss of speech, was not sufficiently established. After this distinction was clearly seen and made, the loss of speech was at first designated by the word *alalia*. It was so called by Lordat in 1841. It was afterwards called *aphemia* by Broca in 1861. And finally it was denominated *aphasia* by Trousseau, the term which is now most generally in use. All of these terms have about the same meaning, and denote deprivation of the power of speech. But neither of these fully expresses the morbid symptom under consideration, for the patient is not only deprived of the power of speech, but often of the power of expressing ideas by written words, and sometimes even of the power of expression by mimicry; hence if any great importance were attached to a name, a more comprehensive term might be suggestive, namely, *asemasia*, which would denote a deprivation of the faculty of expressing ideas by *signs*, whether more or less arbitrary, as in speech and written language, or by imitation, as in mimitic acts. A patient suffering from this disordered condition has a more or less distinct idea of an object of thought, but is unable to express it — to embody it in any outward sign or symbol. The connection is cut off between the idea and its representative expression. A barrier is raised between the inner life of thought and the outer world. The expression of ideas by mimicry is a species of natural language, which is susceptible of cultivation, and may be made a source of entertainment, as in pantomimes or dumb shows. And we may assume this to be the last faculty of expression to be lost by disease. And yet in some cases of aphasia — or, if you please, of asemasia — the patient is deprived more or less completely of even this mode of expression. For example, Trousseau tried the following experiment with one of his patients named Paquet. He imitated before him the motions of a musician playing upon the clarionet, and asked the patient to do the same, which he did with perfect precision *by imitating him*. Trousseau waited a few moments and then asked him to make the motions of a man playing the clarionet, and although the patient knew well what instrument was intended, and probably had a clear conception of it in his mind, yet he found himself, generally, unable to embody that conception in so simple a mimetic act as that desired of him. Trousseau affirmed that this inability to express ideas by pantomime is found in many cases of aphasia. And this may be regarded as the highest degree of this morbid symptom, for the patient is deprived of all means of expressing the idea which he really has in his mind.

Another class may retain this faculty of pantomime or mimetic expression, and be deprived in a greater or less degree of the faculty of using the more arbitrary symbols of spoken and written language. The patient has a more or less clear idea of the object, but cannot by any effort *name* it, either by the spoken word or the written sign, or, if he names it, names it wrong. This class embraces most of the cases of aphasia, of which there are many interesting ones on record, exhibiting the symptom in a great variety of forms.

Approaching still nearer to the outer world, we find a class of patients who have clear conceptions of objects and of the words by which they are expressed, but may have lost the co-ordinating power by which the several nerves concerned in the complex act of speech are made to concur in the one result. The co-ordinating center or ganglion, if there be such, for the organs of speech, is impaired by disease. This class of patients may be able to write the word with ease, while they are utterly unable to speak it. Although this lesion is generally included under the term aphasia, still I think it would be better to exclude it, since it is manifestly a different

faculty that is impaired, and dependent on a different portion of the nervous center. Still more must all cases of aphonia be excluded, where the patient has a clear conception of objects and of the words by which they are expressed, and the power of co-ordination complete, but one or more of the muscles concerned in phonation are paralyzed.

Limiting then the term aphasia to the deprivation, more or less complete, of the faculty of language, we find numerous cases reported manifesting this symptom in various degrees from absolute speechlessness to the simple misnaming of objects. There are cases in which no word is uttered, and yet the patient evidently makes a great effort to do so, and seems greatly annoyed at his want of success. A case is reported by Dr. Rinchenback in the hospital of Strasbourg, of an under-officer of artillery who, in an attack of aphasia with right hemiplegia, though evidently intelligent, could not utter a syllable for a week, and then for five or six days his vocabulary consisted of but one word ("*ja*," or "yes"), which he used in reply to all questions. And he used it even when he meant *no*, accompanying its use with a negative sign of the head. A case is also reported by Dr. Saunders, of Edinburgh, of a woman who did not utter a word from the time of her attack to the time of her death. Also a case by Dr. Hill, of Missouri, where the patient at times could not make an articulate sound, and at other times could utter only *yes* and *no*. And another case is reported by Dr. Addinell Hewson, of Philadelphia, of traumatic origin, where the patient was utterly unable to speak, except in a drawling attempt to say *yes sir*.

There is another large class of cases in which the patient can command but one or a very few syllables, which he uses on all occasions and in reply to all questions. Sometimes they are words not found in any language, and sometimes they are words in use, but to which the patient seems to attach no definite meaning. The vocabulary of one patient was limited for several hours to the one meaningless word *monomomontif*, and when he began to use other words he would give the first syllable correctly and then add the termination *tif*. For example, instead of *bon jour*, he would say *bon tif*. Another for eight hours could use no other words but *nasi bouse*, which he used alike in naming objects and in asking and replying to questions. And yet he seemed to recognize every object. The vocabulary of another for four months was limited to the word *cousise*, which he used on all occasions. Another had but one syllable at his command—*tan*—which he gave in answer to every question, usually repeating it, as "*tan, tan*." He was known in the hospital by the name of *Tan*. In another case the language of the patient was reduced to the one syllable *ta*, and yet the patient was quite intelligent. Others use words which are found in their language, as "oh fool," "my faith," etc. And, singular to say, some will use the word *yes* when they cannot speak the word *no*, and will indicate by a gesture whether they use the word *yes* in an affirmative or negative sense. In this connection we may mention another patient who, having occasion to use the word *four*, denoted it by the word *three*, and indicated by his fingers that he meant four.

Another class of cases will use longer phrases, especially those which are prompted by emotions, such as oaths, which are somewhat common in aphasia patients that have lost the power of speech more or less in other respects. Such phrases, indeed, are not so much language in its original office of naming our conceptions, as interjectional exclamations or explosions of feeling, and the aphasiac patient will use them when he is utterly incapable of using the same words separately as the substantive names of things. For example, one patient pronounced distinctly the phrase *it is no matter*, but could not possibly speak the word *matter* alone as a substantive. A very intelligent gentleman, a patient of Trousseau, affected with this disease, accidentally dropped his handkerchief, and a lady present picked it up and handed it to him. In his instinctive politeness he said "*merci*" (I thank you), but when requested immediately afterwards to repeat the word, he could not do it by any effort, although the word was pronounced before him.

There are many cases in which if the true word is suggested to the patient he will signify his assent by a gesture, although unable to speak the word himself. In other cases, if a word is suggested he will pronounce it like a parrot, and then repeat it in answer to every other question. We see this in the case of Trousseau's patient Marcon, a case interesting in many respects. When asked, "Are you not from Haute Soire?" he replied "Haute Soire." "What is your name?" "Haute Soire." "What is your business?" "Haute Soire." "But is not your name Marcon?" "Yes sir." "Is your name really Marcon?" "Yes." "What is your native place?" "Marcon."

There are, finally, many cases where the patient talks freely, and sometimes correctly, but is entirely unable at times to use the right word, substituting another word of an entirely different meaning in its place. We have an example of this in the case reported at the commencement of this article. We have, then this symptom exhibited in various degrees, and did time permit, many and curious examples could be given.

Aphasia is often, perhaps in most cases, attended with agraphia, or inability to express ideas by written as well as spoken words, both pointing to the same lesion, and, as I have said before, cases which do not exhibit both symptoms, should perhaps be excluded. An interesting case of agraphia is reported by Dr. Gairdner, of Edinburgh, where the patient was utterly unable to write his own name, but when the written name was placed before him, he could write it perfectly well, copying it apparently as he would copy a picture, the copy, however, partaking somewhat of the character of his own handwriting. In his unsuccessful attempt, knowing what the name is, you can perceive an illegible scrawl, an effort to write it. The specimen which I have shown you of our patient is perhaps as perfect an example of aphasiac writing as can be found; for though plainly and distinctly written, there is no meaning whatever conveyed by it, yet the patient was quite conscious of what she intended to write.

In this last respect cases of aphasia differ from each other, some being entirely conscious that they are not using, and cannot use, the words which they intend, and manifesting great annoyance at their failure, while others are utterly unconscious of having made any mistake. A lady suffering from this disease invited her friend who called upon her to a seat with this strange allocution: "*Pig, animal, deuce of a beast!*" Her son-in-law, who was present and who was a physician, found it necessary to interpret to the visitor that his mother-in-law invited her to be seated, she being entirely unconscious of having used any but the politest language. There is another case reported of a Dr. Spalding, of Berlin, who, while in this condition, had occasion to write a receipt, and supposed he had written it correctly, but when he recovered found to his astonishment that instead of writing *Received fifty dollars for one-half year's interest*, he had plainly written. *Received fifty dollars for the sanctification of the Bric.* A case is reported in the *American Journal of the Medical Sciences*, of a lady in Natchez who while in this state evinced great astonishment that she was not understood, and yet her conversation was quite unintelligible. Probably in most cases, however, the patient is conscious of his inability to express his ideas correctly.

In regard to accompanying symptoms, there have been cases in which the defect of speech was the only marked indication of disorder of the nervous centers. In other cases there has been numbness of one side. But most cases have been attended with hemiplegia, and what is very remarkable, with hemiplegia of the right side. This latter circumstance has attracted much attention, and given rise to much discussion in cerebral physiology. I have found no case reported that was accompanied with hemiopia except the one which I have reported at the commencement of this article.

The pathology of these cases has attracted much attention, and been the subject of various opinions. Here we cannot enter much into detail, in reporting particular cases which are found in our works and journals. It may

suffice to state that in most of the cases attended with hemiplegia, and where autopsies have been made, there has been found more or less extended lesion of the left cerebral hemisphere, corresponding to the right hemiplegia. These lesions have been cerebral softening clots, from hemorrhage, tumors and mechanical injury. From the indications furnished by these lesions, attempts have been made to locate the faculty of language, and they have been carefully studied with this view. The three most important theories have been those of Bouillaud, who locates the faculty in the anterior lobes of both hemispheres, that of Dax, who locates it in the left hemisphere, and that of Broca, who limits it to the posterior part of the third frontal convolution of the left side. Strange as it may seem, this last view has much in its favor, and has been well received by some. But for one I could not adopt it, even if there were no decisive facts to be adduced against it. In a double organ so nearly symmetrical as the brain, whose median line corresponds with the median line of the body, it is so contrary to all the analogy of nature that corresponding parts on each side should have different functions, that I could not receive it except on the most convincing evidence. But while most of the facts are in favor of the localization in the left hemisphere, yet there are some cases which militate against it, and still more against its location exclusively in the third frontal convolution of that side. Two cases are reported by Abercrombie where there was loss of speech with *left* hemiplegia, in one of which there was cancer, and in the other tubercle in the *right* hemisphere. And many cases are reported by Andral of loss of speech without injury of the anterior lobes. But it must be remembered in reading these older writers, that loss of speech is not synonymous with aphasia, which is the loss of language or the idea of speech. Some of these cases might have arisen from paralysis or loss of co-ordinating power. The subject of aphasia had not then been studied as carefully as it has been more recently. There are, however, undoubted cases of aphasia which go to disprove the views of Broca. In the case of the patient Marcou, which we have before referred to, the aphasia was undoubted, and yet the hemiplegia was on the left side, and consequently the lesion was on the right side. But as this case did not terminate fatally, it has been argued that there may have been a lesion on the right side, producing the hemiplegia, and another on the left side, producing the aphasia. Trousseau, in reply, admits that multiple lesions are not very uncommon, but thinks they are usually found in severe apoplectic cases, and in cases of extensive traumatic injury. But this was a very mild case, and what is more to the point, both symptoms were developed simultaneously. There is another case of great weight on this question in the St. George's Hospital reports, as given in the *American Journal* for July, 1870, in which the hemiplegia was on the left side, and the lesion was the entire destruction of the island of Reil on the right side. And there have been many cases of aphasia where Broca's convolution, so called, was not injured; one in particular is reported, where Broca himself was present at the autopsy. There is a case reported by Echeverria in the *Medical Record* for March 1st, 1869, and in the *American Journal* for April of the same year, showing that there may be lesion of that convolution without aphasia. It has been thought there was no such case on record. On the other hand it may be said in favor, so far as it goes, of Broca's theory, that there have been undoubted cases of lesion of the corresponding convolution on the *right* side without loss of speech. In fact, it must be admitted that aphasia, as a rule, results from lesion of the left side of the brain, so that in a sense the faculty of language is located on the left side. But in what sense? An explanation of this has been given, which I think has much in its favor. In the case just related, of left hemiplegia with aphasia, from the St. George's Hospital reports, the patient was at the same time ambidextrous, and indeed, rather inclined to use his left hand. And so, as we use both hands, but one better than the other, so the faculty of language may be

more completely educated on one side than on the other; and when, after an attack of aphasia, the patient again *learns* the use of language, as this patient did, we may assume that he educates himself to use the other side of the brain for language, as he does for the use of his remaining hand, after losing the one most commonly used. This aphasiac patient was exceptionably hemiplegic on the left side; but he was also, exceptionably, left-handed. This view is strengthened by the theory, if it be true, that the left side of the brain is developed earlier than the right. Further investigation and new cases may throw more light upon this much disputed question.

A word in respect to the causes of this singular affection. Cases are reported of traumatic origin. Many are doubtless produced by Emboli in cerebral arteries, especially the left middle cerebral. Others are caused probably by an atheromatous condition of the arteries. Cases are reported produced by the bite of venomous serpents, the virus producing, it is thought by some, spasms of the middle cerebral. Other cases are referred to malaria, as in the case of a patient in the East Indies, who was attacked in the autumn three years in succession. Dr. Mack of East Portland, Oregon, formerly of Illinois, relates his own case in the *Medical and Surgical Reporter* for October 28th, of this year. He was surgeon in the army, but resigned on account of congestive chills, with paralysis of the *left* arm. One year afterward, he was attacked with aphasia while giving directions to a patient. The attack lasted about an hour. On the following day he had a similar attack at the same hour. Five years later he had two more attacks with an interval of six days. The first attack, as before, was while giving directions in regard to medicine, and it continued eleven hours. During the last attack, which continued four hours, he felt symptoms of paralysis in *both* hands. This case was probably of malarial origin, though possibly it was hereditary; for he states that his father has been paralyzed on one side for ten years. There are also cases referred to Bright's disease, to venereal excess and to syphilis.

In the treatment of these cases but little has been established. The milder cases are undoubtedly benefited by venesection. This was the case with a distinguished physician in Paris, who was affected with this disease. He made signs that he wished to be bled, and he was immediately benefited by the operation. And certainly, in the case that I have reported, the patient was speedily relieved by the same treatment. A case is reported by Trossean that was much benefited by leeches to the arms. No special treatment can be indicated for the severe cases attended with hemiplegia. Many cases however have recovered; and many patients have, by laborious effort, been taught again the use of language.

It is a question of much interest pathologically, and in a medico-legal point of view, how far the intelligence is affected in this disease. While it is admitted that this is impaired, except in mild cases of brief duration, yet unquestionably it is to a great extent preserved. Persons in this condition have been able to attend to their business, and to play at games with their usual skill; and that too at games of cards that require very accurate memory. Distinguished physicians, while in this condition, have been able to study and analyze their own symptoms, and were possessed of their usual intelligence, certainly to a great extent; as was the case with Dr. Spalding of Berlin and a distinguished professor in Paris. This was eminently true in the case of Prof. Lordat of Montpelier. By his own account, though completely aphasiac, his mind was clear. "I experienced," he says, "no embarrassment in the exercise of thought. Accustomed as I had been for a long time, to the labor of a professorship, I was inwardly happy, to be still capable of arranging in my mind the principal propositions of a lecture, and to experience no difficulty in changing the order of ideas as I pleased." He could combine, he says, abstract ideas, and readily distinguish them, without any word to express them, and without thinking of that expression the least in the world. But even in his case, the mental faculties must have been more or less impaired; for previous to the attack he possessed, in a remarkable degree, the faculty

of lecturing without notes, which he was not able to do afterwads, nor could he ever memorize a lecture, but was obliged to read it from the manuscript.

The question of the legal responsibility of these patients is one of some difficulty. And yet in the cases that I have related, and in many others, even in those of still greater severity, the patients generally exhibit sufficient intelligence, it seems to me, to render them legally responsible, provided means of communication can be contrived. They have not lost the faculty of memory, but the *memory of words*. In other respects they may be intelligent. Each case however, will probably have to be decided on its own merits; at least until the general question can be more fully settled.

The case of Prof. Lordat raises a metaphysical question of no small interest. He says that, when in this state, he reflected upon the Christian doxology, *Glory to the Father, Son and Holy Ghost*, but it was impossible to recall a single word composing the phrase. He could combine abstract ideas without a single word at his command to express them. The soul of thought he had, but the body was gone. The question is, can mental actions, processes of thought, be carried on without the use or the thought of language? If we accept the statements of the professor of Montpelier, they can. It has been said however, that he was an idealist, and therefore interested in that direction. That may be; and we all know how much preconceived opinions may influence us in the interpretation of facts. We are so habitnated to the use of words in carrying on our mental processes, that it is impossible to decide this question from our own consciousness. It is possible however, that much light may be thrown upon it in future by a clear observation of cases of aphasia that may occur.

A word in closing, in regard to the pathology of the case reported at the commencement of this paper. In so mild a case and one which recovered so soon and so completely, we cannot assume any organic lesion of the brain. An Embolus could have scarcely caused the attack, unless it was speedily dissolved, or so small as to admit partially of the passage of the sanguineous current. As she was suffering from a severe cough at the time under the complication of advanced pregnancy, I think we may attribute the attack to congestion. That the trouble was in the left side of the brain, is evident from the pain on that side of the head, from the numbness of the right arm, and from the hemiopia; for it will be recollected that she could not see the left side of the face of a person sitting opposite to her at table. And if we follow the rays of light, proceeding from that side of the face, we shall find that they lead to the left side of the brain of the patient. Supposing the axes of her eyes to be directed to the middle line of the face opposite to her, the rays of light will pass from the left side of that face to the left side of the retina of each of her eyes. The impression will then pass from the outer half of the retina of her left eye along the outer side of the left optic nerve, to the chiasma, and thence, without crossing, it will pass along the left root of the chiasma to the left side of the optic tholamus and the corpora quadrigemina, and how much farther in the left hemisphere I believe has not yet been determined. The impression on the inner or left side of her right eye will pass along the inner side of the right optic nerve (leaving out of view the commissural fibers) to the chiasma, and then crossing to the left side, will pass with the impression from the left eye to the left side of the brain. But as the left side of the brain is suffering from congestion, the impression is not perceived, and therefore the left side of the face opposite to her was not seen. This case might be cited as supporting, in some degree, the opinion of Broca, or at least that of Dax, that the faculty of language is located in the left hemisphere.

Mortality of Small-Pox in Paris.—From July, 1869 to June, 1871, there were 13,614 deaths in Paris from small-pox, of which 1,800 were soldiers. In the civil hospitals there was one death to three cases, and in the military hospitals one to six.—*The Clinic.*

Clinical Reports.

MERCY HOSPITAL SERVICE OF PROF. N. S. DAVIS.

SYPHILITIC RHEUMATISM AND DIPHTHERIA.

Case 1. This man complained of those symptoms which the books call syphilitic rheumatism; he had pericranial thickening over the eyebrow and the characteristic pains, and was put on the following medicine:

℞	Iodide Soda	℥ iij.
	Hydrarg Bi-chloride	gr. j.
	Tinct. Stramonii	℥ ss.
	Syr. Simp. et Aqua	℥ jv.

One teaspoonful three times a day.

In two or three days his mouth became sore, breath bad, glands about mouth painful, and the first impression was that the patient was unusually susceptible to mercury, and had been salivated. The medicine was substituted by Chlorate of Potash and Belladonna, and a weak solution of Carbolic Acid was given him to hold in his mouth at his pleasure. The inflammation extended over the whole surface back to the fauces, and in three days a diphtheritic membrane, thick as a wafer, covered the whole surface. Soon as it appeared he was ordered lactate of iron gr. j in a teaspoonful of water every two hours. This acts both locally and internally. He has continued this and the carbolic acid wash for a week, with rapid improvement. Great efficacy has been claimed for lactic acid in removing the membrane of diphtheria and membranous croup, by inhaling it from a solution. It disintegrates the diphtheritic coating better than any other agent the lecturer has used.

INTESTINAL RHEUMATISM.

Case 2. This man was admitted to the hospital this morning, and says he was taken three days ago with a violent pain or cramp in the bowels. The left side of his abdomen is tender under pressure, and at the ilio-cæcal junction there is tenderness and a little hardness. He was at one time sick at the stomach, and vomited. His symptoms plainly indicate some degree of peritoneal inflammation, but it is of slight extent for his abdomen is not full, tense and painful as in severe peritonitis. There are two conditions which often give rise to symptoms such as we have observed. First, a slight inflammation of the peritoneal coat with a lodgement of feeal material at the ilio-cæeal junction, causing tenderness and hardness, with obstruction and vomiting, which sometimes extends over the whole peritoneum, and ends fatally in two or three days. Another condition is observed—especially in extreme cold weather. The attack commences with severe abdominal pains, tenderness, but little hardness, and no bloating. The tongue is clean, but the patient feels that tension of the abdomen which makes him think physic would give relief. Yet cathartics invariably aggravate the symptoms. This condition generally depends on true rheumatic inflammation of the muscular coat of the intestines, and sometimes becomes very protracted.

A number of these cases occur every winter, and the patient before us appears to be one of this class. The inflammation chiefly affects the colon, and extends to the peritoneum slightly. Considering the pain caused by movements in other parts affected with rheumatism it is easy to see how the peristaltic motions of the bowels should cause severe pain, particularly during the action of a cathartic.

The treatment consists mainly in the use of anodynes and alkaline salts. It is best to choose such medicines as will act freely on the skin and kidneys. The patient was ordered the bi-carbonate of soda and acetate of potash, each gr. x, to be taken every four hours, and alternating with Dover's powder gr. viij, nit. potassa v grs. and hydg. chl. mite gr. ij—the mild chloride to be omitted after the first twenty-four hours. Relief may be facilitated by narcotic fomentations applied to the abdomen; in family practice fomentations of hops may be used, or the infusion of hops may be used to make linseed meal poultices large enough to cover the painful part of the abdomen.

THE APPLICATION OF FORCEPS.—George Johnston, M. D., Master of the Rotunda Lying-in-Hospital, in his report for 1870, states that in 1,087 cases of labor the forceps was resorted to 83 times.

THE
MEDICAL EXAMINER.
A Semi-Monthly Journal of Medical Sciences.
EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, January 15th, 1872.

EDITORIAL.

Chicago Medical College Museum.—During the past year many valuable additions have been made to this museum; and among them is a complete and elegantly prepared human skeleton, donated by the executors of the estate of the late Dr. James Cooper, of New Castle, Delaware. It is prized more highly as a memento, it having been prepared by Dr. Cooper during his pupilage, and left as a part of his estate after a long and most useful professional life.

Rush Medical College Commencement.—The twenty-ninth annual commencement exercises of the Rush Medical College took place in the Lecture Room of the Michigan avenue Baptist Church, on the evening of the 17th of January, 1872. The graduating class numbered seventy-seven, and the exercises were in the usual form. The charge to the graduates was delivered by Prof. J. W. Freer, President of the College. As the present term commenced on the last Wednesday in September, it will be seen that its entire length has been a trifle more than three months and a half. When we remember that the founders of the first medical school in America, one hundred years since, thought six months the minimum length of time necessary for a full course of medical instruction at that time, when the facts and items to be taught were hardly half what they are now, we cannot fail to see that the cause of medical education has made *progress*. For any young man to give an adequate review of the essential branches of medical science as they now exist in sixteen weeks, he must certainly go it with a *Rush!* But we will not complain. On the contrary, when our neighbors get their new edifice up, Phœnix-like, from the ashes of the former one, we trust they will not only carry out a longer term, but adopt the more rational graded system of instruction.

Most of our medical and scientific journals, burned out in the great fire, have again resumed publication. *The Pharmacist*, *The Medical Times*, Eclectic, and the *The Medical Investigator*, Homœpathic, have appeared in their old style and form. The *Lens*, a new journal of microscopy and allied natural sciences, published by the Illinois State Microscopical Society, has also reappeared. The first number was destroyed in the printing office when just ready for delivery. This number has been replaced, and the issues will hereafter appear regularly each month.

The Chicago *Medical Journal* has just been issued, the Oct., Nov. and Dec. numbers together.

Bliss & Torrey, successors to the old and well-known firm of Bliss & Sharp, in their surgical instrument department, have opened a new store at No. 25 Market street, where they have a complete assortment of Tieman's celebrated surgical instruments, and physician's goods generally.

American Journal Obstetrics and Diseases of Women and Children.—This valuable quarterly is now published by Wm. Baldwin & Co., 21 Park Row, New York. They offer to send a sample copy to any physician for 50 cents, one-third of the regular subscription price.

E. H. Sargent, Druggist.—We take pleasure in calling the attention of our readers to the fact that our old friend E. H. Sargent has become fully established in his new store, on the corner of Wabash avenue and Sixteenth street. For skill as a pharmaceutist and integrity in the dispensing of pure and reliable medicines, we can fully commend him to the patronage of the profession both in the city and country.

PHYSICIAN'S RELIEF COMMITTEE REPORT.

At a meeting of the physicians of Chicago, held on Dec. 25, at 797 Wabash avenue, to hear the report of the Medical Relief Commit-

tee, Dr. A. Fisher was chosen Chairman, and Dr. Chas. G. Smith, Secretary.

The Secretary of the Relief Committee, Dr. W. Hay, then read a report giving a detailed statement of the doings of the committee, the amount of money and books received and distributed, to whom the same had been given, and the correspondence with the profession in other parts of the country.

The treasurer of the committee, Dr. N. S. Davis, made the following report:

Whole amount of money received by the committee to date is $8,284.08. Of which $5,500 was received from the physicians of the city of New York; $1,238 from those of Brooklyn, N. Y.; $457 from those of Cincinnati; $100 from those of St. Louis; $253.08 from those of San Francisco; $200 from those of Washington, D. C.; $105 from those of Lowell, Mass.; $75 from the Rensselaer County Medical Society, New York, and the balance in small sums from individual contributions in different parts of the country.

It is proper to state that while the treasurer of the committee has received only $100 from St. Louis, the profession in that city contributed $900 more and sent it early after the fire in the hands of a committee from their own number, who distributed it to those among us most immediately suffering.

The whole amount actually distributed to physicians suffering from the effects of the fire, by the committee, to date, $6,520.

This has been given to 105 physicians and students, in sums varying from $30 to $180. There has also been paid to the society, for expense of printing circulars, express charges and postage, $17.50—leaving now in the hands of the treasurer, $1,745.58. There has also been received from two prominent members of the profession in Pennsylvania, twenty-two valuable medical works, which have also been distributed by the committee.

At the call of the meeting a full list of names of applicants for relief were given by the committee, including those assisted, and those whose claims had been rejected.

After a full discussion of the subject, the following resolutions were offered, the first by Dr. S. C. Blake, and the second by Dr. G. C. Paoli, and were unanimously adopted:

Resolved, That the further distribution of the funds still in the hands of the treasurer be left to the discretion of the committee.

Resolved, That the thanks of the physicians be given to the committee for the faithful and judicious discharge of the duties assigned to it.

Dr. N. S. Davis then offered the following resolutions, which were also adopted unanimously:

Resolved, That the cordial thanks of the profession in this city are tendered to their professional brethren in other parts of the country, particularly in New York, Brooklyn, St. Louis and Cincinnati, for the prompt and liberal aid they have given to those among us who have suffered severely by the fire.

Resolved, That such aid has been sufficient to meet the emergency, and that from this time forward we feel confident that the sufferers will be able to sustain themselves without further contributions from their brethren in other parts of the country.

On motion the meeting adjourned.

CHAS. G. SMITH, M. D., Sec'y.

Book Reviews.

A Treatise on Human Physiology. Designed for the use of Students and Practitioners of Medicine, by John C. Dalton, M.D., Prof. of Physiology in the College of Physicians and Surgeons, New York, etc. Fifth edition, revised and enlarged. Henry C. Lea, Philadelphia, 1871. Chicago: For sale by Cobb, Andrews & Co.

We are happy to announce the issue of a new and revised edition of this valuable standard work. It still maintains its high reputation and deserved popularity, both as a text book and a work of reference. One of the first books that comes before him as a student, it is almost the last volume that, in after years in the busy rounds of practice, the physician would willingly spare from the shelves of his library, its well-worn and long familiar pages seeming to possess an ever fresh and recurring interest.

The very considerable advances and changes made in many departments of Physiology

during the past few years, when the progress of physiological research and special investigation seems to have been especially active, rendered a careful revision of the work necessary. This revision has been faithfully carried out, and while the general plan and arrangement has not been materially altered, it has been modified and re-arranged in many of its parts, the aim of the author having been to make the book in its present form, a faithful exponent of the actual condition of physiological science at the present time.

Neuralgia, and the Diseases that resemble it, by Francis E. Anstie, M.D. New York: D. Appleton & Co. For sale by W. B. Keen & Cooke, Chicago.

This is a small volume of 350 pages. The first 220 pages are devoted to a very full consideration of Neuralgia proper, its Clinical History, Pathology, Diagnosis, Prognosis and Treatment, while Part II, constituting the remainder of the volume, is occupied with short sketches of the *principal diseases resembling neuralgia*. These latter the author gives as a kind of gallery of spurious neuralgias, in order, as he says in the *preface*, to set the diagnosis of true neuralgia from its counterfeits in the clearest light possible, and thus prove that it is not a mere offshoot of the gouty or rheumatic diatheses, and still less a mere chance symptom of a score of different and incongruous affections.

On the Treatment of Pulmonary Consumption by Hygiene, Climate and Medicine, in its connection with Modern Doctrines, by James Henry Bennet, M.D., etc. (second edition.) D. Appleton & Co., New York, 1872.

This is a concise, practical little treatise, the chapters devoted to the subjects of climatic influences, and the modern treatment of Phthisis and its results being especially valuable and intersting. In chapter VI a number of cases are given illustrative of the cure and arrest of Phthisis.

Pulmonary Consumption; its Nature, Varieties and Treatment, with an analysis of one thousand cases to exemplify its duration, by C. J. B. Williams, M. D., F. R. S., etc., and Charles T. Williams, M. A., M. D., etc. Philadelphia: H. C. Lea, 1872. For sale by S. C. Griggs & Co., Chicago.

This work includes a full and extended consideration of the pathology of consumption. There are also several chapters devoted to abstracts of cases illustrating the nature, varieties and treatment of pulmonary consumption, as also its duration. The last six chapters, occupied with the treatment of phthisis, contain full directions in regard to medicine, dietetic and hygienic measures, climate, etc.

Modern Medical Therapeutics, a compendium of Recent Formulæ and specific Therapeutical Directions, by Geo. H. Nepheys, A. M., M.D. Third edition—revised and improved. Philadelphia: S. W. Butler, publisher, 1871.

The American Practitioner, a monthly journal of Medicine and Surgery, edited by David W. Yandel, M.D., and Theophilus Parvin, M.D. Louisville: John P. Morton & Co., publishers.

We acknowledge the receipt of two handsomely bound volumes of this valuable journal, Vols. III and IV, comprising the monthly issues for the past year.

The Federal Government, its Officers and their Duties, by Ransom H. Gillet. Woolworth, Ainsworth & Co., New York and Chicago, 1871.

Society Reports.

CHICAGO MEDICAL SOCIETY.

Office of Dr. N. S. Davis, Jan. 15th, 1872.

Dr. Paoli in the chair.

Dr. N. S. Davis exhibited a fine specimen of perforated intestine which was taken from a patient who had died in Mercy Hospital. On admission the patient stated that three weeks before, having contracted gonorrhœa, he commenced taking Copaiba, but at the end of a week stopped it and took a powerful cathartic. He has not felt well since though he has been up more or less every day. The night before his admission he took three pills, and has vomited almost incessantly and had violent diarrhœa ever since. Examination:—Considerable emaciation; capillary circulation sluggish; extremities cold and blue; lips thin and retracted; tongue dry and coated; pulse small and feeble; abdomen distended and tense; sudamina; frequent vomiting of stercoraceous matter; intellect clear. Diagnosis:—Judging from the condition of the tongue,

circulation, intestines, the nature of the matter vomited and the suddenness of collapse, the Doctor expressed the opinion to his class that the patient was laboring under typhoid fever and that perforation had occurred. The patient died 12 hours after admission. Autopsy:—Peritoneum inflamed; its surface covered with patches of lymph; its cavity containing a small quantity of bloody serum and feculent matter. Two perforations of the ilium just above the ilio-cæcal valve in the midst of ulcerated glands.

Dr. Paoli reported a case of well marked cancer of the uterus, in which he prescribed cundurango with the effect of impairing the appetite and causing nausea and obstinate constipation. He was obliged to abandon its use and to rely exclusively on tonics, anodynes and disinfecting washes.

Dr. Davis alluded to two cases of cancer in which he had used cundurango with negative results. And said further, that though it was generally believed that with our present resources we are incapable of retarding the progress of the disease, he felt certain that he had seen several cases in which no progress had been made after treatment was commenced. Two of these he reported in detail. The first, a poor washerwoman, appeared at Dr. Williard Parker's clinic, in New York, nearly thirty years ago, with well marked scirrhus in the stage of ulceration of both breasts. No encouragement was given to her by the surgeon. On returning sorrowfully to her home she encountered Dr. Davis, and arrangements were at once made to commence treatment. He prescribed Bi-chloride of Mercury and Conium internally, and Stramonium Ointment locally. The patient improved steadily, and finally became able to perform her usual labor. On removing from New York he lost sight of her at this stage of improvement. The second patient has been under his care quite recently. She consulted him as to the propriety of operation—which for the time was discountenanced. He never advises operation before the disease has been checked by medication. He accordingly prescribed Conium and Arseniate of Soda, and the morbid growths have slowly and gradually disappeared. The Doctor withholds entirely animal food in treating Cancer, and continues medication after removal by operation for at least a year.

Dr. Flood, a visitor from Hyde Park, reported a case of Erysipelas which was promptly cured by Tincture of the Chloride of Iron, in small doses, and poultices of flax seed. In a general discussion which ensued, Dr. Davis remarked that he had as much faith in the power of medicines to shorten an attack of Erysipelas as of vaccination as a preventive of small-pox. He does not believe, however, that we have any specific for the disorder, and he has frequently found it necessary to prescribe such measures as are required in the treatment of other kinds of inflammation.

Dr. Marguerat reiterated these views.

Dr. Blanchard was appointed essayist for the next meeting.

On motion the Society adjourned.

WM. E. QUINE, *Secretary.*

Gleanings from Our Exchanges.

THE INFLUENCE OF A DEFICIENT SUPPLY OF CHLORIDE OF SODIUM UPON THE RISE AND PROGRESS OF CHOLERA.

BY S. WATERMAN, M.D., NEW YORK.

The proposition advanced in my paper before the Academy of Medicine, October 5th, "that the presence of sodium in the air in sufficient quantity is absolutely necessary to life in its many and different forms and conditions; that its antiseptic properties are especially adapted to prevent contamination of air, earth, and water; and that its deficient supply is probably connected with the rise and progress of endemic contagious diseases, such as cholera, typhus and others," is questioned in your December number (p. 444), by my learned friend Dr. Peters.

He states that cholera has been conveyed in a great number of instances across the sodium-salt ocean; that it has broken out in mid-ocean, and has raged in sea-ports where the air is loaded and impregnated with the soda muriate.

To this I deem it necessary to respond, that Dr. Peters finds fault with my conclusions, but leaves my premises uncontradicted. It would be difficult, I think, for any one to deny that sodium in the air in sufficient quantity is absolutely necessary to life in its manifold forms and conditions; nay, it is even very probable, as Prof. Roscoe states in his work on spectral analysis, p. 69, "that these minute particles serve to supply the smaller organized bodies with the salts which larger animals and plants obtain from the ground. If, as is scarcely doubted at the present time, the explanation of the spread of contagious disease is to be sought for in some peculiar contact-action, it is possible that the presence of so antiseptic a substance as chloride-sodium, even in almost infinitely small quantities, may not be without influence upon such occurrences in the atmosphere."

Dr. Peters also does not deny that the sodium-chloride possesses great antiseptic properties, by reason of which contamination of air, earth and water is prevented. Now, it stands to reason that a deficient supply of this antiseptic agent must favor conditions favorable to the development of such contamination, and consequent disease. I think this proposition is logical. That the supply of sodium in the air is subject to daily oscillations is proved by spectroscopic observations, just as the supply of oxygen varies in the animal economy, and is never constant; yet, under normal circumstances, the quantity oscillates only within narrow limits. So also, so long as the supply of the sodium-salt oscillates within defined limits, no perceptible disturbance in the life and health of the animal economy is experienced. But a deficient supply of this antiseptic element for any length of time must be detrimental to organic life, and will favor contaminations of air, earth and water.

Granted, then, that cholera has been conveyed across the sodium-salt ocean. It is most probable that when this disease is once fully developed, the presence of the sodium-salt in the air in sufficient quantity may modify its violence; but we have not claimed that it will prevent its development. Whenever cholera has broken out in mid-ocean, the germ of the disease has been taken on board at the ship's point of departure. Its development in such cases was most undoubtedly favored by crowded steerage, tainted water, tainted food, want of cleanliness and proper ventilation. I deny spontaneous disease in mid-ocean. So also as regards the statement that cholera often rages in sea-ports surrounded with an atmosphere of sodium. No locality is more favorable to the germination of the cholera fungus, or whatever that germ may be, than sea-ports. It finds there its most favorite soil, provided there is, by the short-sightedness and neglect of man, a crowded population, abundance of decaying animal and vegetable matter, narrow, filthy streets, tainted water, obstructed drainage, foul air, want of cleanliness, want of proper food, intemperance, crime of all shades and forms, and in addition, want of intelligent sanitary measures. In vain does Nature pour out its antiseptic spray to protect the lives of improvident man; the reeking foul atmosphere renders the benign influence of the sodium-chloride almost nugatory. When to conditions thus favorable to the development of cholera the supply of the soda-spray becomes deficient from some cause or other, can it be denied that the disease in question will grow in virulency and become boundless in its destructive force?

Dr. Peters further states that cholera has frequently prevailed along the whole Russian or north-coast of the Black Sea, where the so-called salt-limons abound, and sodium-chloride is stored in huge stacks of hundreds of thousands of pounds. No amount of sodium-chloride, stored in one particular locality, is capable of preventing the introduction of cholera, for the simple reason that this salt, in order to reach the circulation, must be in a state of minute division, such only as can be obtained by evaporation from a surface covering two-thirds of our globe, and by the action of storms and winds over its surface. The thoughtful physicist will at once recognize that these fifty thousand Russian cartmen, with their million of oxen and a quarter of a million of carts, may become excellent agents to carry along the cholera on the highway of commerce, in spite of their loads of salt.

The Russian cartmen are none of the cleanest; they subsist on inferior food, are fond of alcoholic drink, in which they liberally indulge, and on their long journey they and their animals are exposed to exhausting influences. *But yet, true cholera has never originated in these salt-limons.* Whenever the cholera has reached these regions, it was in the line of its migration, and had ere this obtained its characteristic destructiveness, which could not be arrested by the tons of stored-up salts of which the air may have been defectively supplied. On the contrary, the mixed crowd of men and beasts, promiscuously thrown together under the circumstances above enumerated, was well calculated to give the disease a high degree of virulence. In addition to this, it must not be forgotten that this vast deposit of salt in these Russian salt-limons results from the evaporation of sea water in swampy grounds, favoring the development of malaria and mephitic gases during the hot months of June and July, just as our sea-marshes do along the Atlantic coast, where, in spite of the modifying antiseptic influences of the sodium spray, intermittent fevers abound.

It is to be regretted that in 1817, when the cholera first appeared in Jessore, not far from Calcutta, after an uncommonly long season of rain, spectroscopic analysis was unknown, and observations were not instituted registering the daily supply of sodium in the air. Such observations alone are destined to offer a satisfactory solution to my proposition, which, notwithstanding the formidable array of figures presented by my learned friend, I shall consider unshaken and not disproved.
N. Y. Medical Record.

Clinical Treatment of Pneumonia.—Prof. Lebert, of Breslau (*Transln. in the Clinic*), says that the ground basis of the treatment of pneumonia, so long as its peculiar manifestations exist in moderate grade, threatening no immediate danger, should be eminently expectant, chiefly only dietetic-hygienic. He has treated more than forty cases during the past year, for the most part negatively, and finds that patients feel subjectively much better, by this method, than under the former plans with antimony, digitalis, veratrine, etc. They are spared, too, in this way, the temporary disease caused by the remedy itself. Warm bed-covers are condemned. In Breslau it is the custom to sleep between feather-beds. These have been thrust out in his clinic, and patients become accustomed to the frequent opening of the windows by day, even in the coldest weather of winter. Notwithstanding the lessened appetite, the patient, even in still increasing fever, is not to be allowed to fast entirely, which is too generally the rule: light gruels of barley and oat-meal, in violent thirst in greater quantities, with nourishing and alleviating drinks. In intense fever, hard pulse, if no diarrhœa be present, acid drinks are most agreeable; the best is cold lemonade, only moderately sweetened and prepared from fresh lemons. Mixtures of fruit syrups, raspberry-juice, etc., are occasionally temporarily agreeable, but are usually not long palatable. Many patients prefer warm drinks, and they suit better when there is inclination to racking cough or diarrhœa. Common tea, from a teaspoonful to three-quarters of a cup, is a good drink in relieving irritation. Seltzer-water with milk is refreshing when the fever begins to diminish and blood no longnr presents in the sputa. When the appetite is very poor, infusions of quassia and decoctions of Iceland moss are of value. In very reduced patients, in typhoid conditions of the disease, he generally adds to the teas or other drinks a teaspoonful or two of ether syrup to the glass or dessertspoonful of Rhine, red or Hungarian wine. Under such conditions the combination of wine and lemonade is excellent.—*N. Y. Med. Record.*

Removal of the Kidney during Life.—Prof. Simon, of Heidelberg (Schmidt's *Yahrbucher*, Bd. 151, Nr. 7, 1871; from the *Deutsche Klin.*, xv. 137, 1870), reports that he removed the left kidney during life from a woman twenty-six years of age, under the following circumstances: A year and a half before, ovariotomy had been performed, when, in consequence of the firm adhesion of the tumor to the adjacent organs, it was necessary to remove the uterus and to divide the ureter; the divided end of the ureter becoming adherent to the abdominal wall just above the symphysis pubis, the urine from the left kidney afterwards flowed through this fistulous orifice. An attempt to establish a communication between the ureter and the blader, and in this way to close the fistulous orifice, was abandoned in consequence of the patient having been rendered seriously ill by it. It was found equally impossible, for the same reason, to prodnce an artificial closnre of the ureter and atrophy of the kidney. It was therefore determined to extirpate the organ from behind the peritoneum which was accordingly done. The patient bore the operation very well, and was able to leave her bed at the end of six weeks. The ligatnre which had been placed around the pedicle did not come away for six months; after which a great improvement in her health was observed.

Another case of extirpation of the kidney (same journal, from *Wurtemb. Corr.*, Bl. lxi. 14, 1871) is reported by Dr. Linser. In this case the patient was a soldier who had been wounded in the left lumbar region. Bloody urine flowed through the wound at first, and subsequently pus mixed with blood. An incision was made from the twelfth rib to the crest of the ilium; but the kidney was so adherent to its capsule that it was necessary to remove part by the scissors. The patient sank eight hours after the operation.—*Philadelphia Medical Times.*

The Treatment of Small-pox.—Dr. Alexander Collie, the resident medical officer at the Homerton Fever Hospital, says that treatment in the mild variety of variola is unnecessary, and in the black small-pox useless. In the confluent form, however, treatment is of the greatest importance, and the result of the case will sometimes be determined by it. The room in which the patient is placed should be thoroughly ventilated, the windows being kept open even in winter. If possible, there should be two beds in his room, in order that he may be changed from one to the other. He should be allowed a highly nutritious diet, consisting of milk, beef-tea, eggs beaten up with whiskey, tapioca. Cold water will be found most efficacious in relieving thirst, and the prejudice of the patient's friends should not be allowed to interfere with its administration. Effervescing drinks and lemonade may also be allowed. For heat of skin the patient may be sponged with cold water two or three times daily. If there be much restlessness or sleeplessness, the following repeated in half an hour, if needed, will be found of great ser-

vice: tincture of opium, fifteen minums; spirit of ether, fifteen minums; camphor water, one ounce; and if this fails, stimulants may be given. For the soreness of throat, oleaginous or mucilaginous drinks may be given, and the following has also been found beneficial: tincture of iron and glycerine, of each, thirty minums three times a day. If laryngitis occur, a large linseed poultice should be supplied round the throat, and the temperature of the room should be raised, and rendered moist by means of steam. All depressing remedies should be avoided, and tracheotomy should be performed whenever there is much interference with the respiration. If the patient becomes delirious, it is of the utmost importance that he should be treated with patience, gentleness and firmness, and that no measures of restraint should be employed. Nothing has been found absolutely preventive of pitting. Common olive oil may be used for this purpose in preference to applications which are more or less irritating. If diarrhœa occur a mixture containing laudanum and sulphuric acid may be given.

In regard to the time when a small-pox patient may be considered free of danger to his neighbors, Dr. Collie says that this cannot be until all the products of disease are removed from his body, and until he presents all the ordinary indications of health; such as a normal temperature, a quiet pulse, a clean tongue, a clear mind, etc.—*Philadelphia Medical Times.*

Excision of Cancer of the Œsophagus.—The last number of the *Archiv fur Klinische Chirurgie* contains a paper by Dr. Billroth, in which he proposes, in cases of carcinomatous stricture of the œsophagus occurring in an accessible situation, to cut out, through its whole circumference, that portion of the tube which contains the disease. He has not yet performed this operation on the human subject; but he is led to believe in its practicability, first, from the occasional restoration of the urethral canal after its division, and secondly by the result of an experiment which he performed on a dog. He cut out about an inch and a quarter of the animal's œsophagus, fastened the lower end to the edge of the wound by two sutures, and fed the dog with milk through an œsophageal tube passed through the mouth into the stomach. The sutures were removed about a week after the operation. There was considerable mucous discharge from the wound. The external wound gradually contracted, and the discharge diminished. About ten weeks after the operation the external opening was completely closed. Bougies were frequently introduced so as to dilate the cicatrix, and the dog gradually regained the power of eating flesh, potatoes, etc., and swallowed them with ease. Three months after the operation the animal was killed. The œsophagus presented a simple annular cicatrix, scarcely half a line wide; the tube was completely pervious.—*Ibid.*

Scarlatina.—Dr. Richard Inglis, of Detroit, Mich., (*Review of Med.*) presents an interesting paper on scarlatina, in which the early history of this malady is noted. Ingrassia, of Naples, was about the first to describe it accurately; it was called by him, in A.D. 1500, *rossalia;* in 1565 it was epidemic in Paris, and was named by Ballonias, *rubiola;* he carefully distinguishes it from measles, *morbille.* In 1580 it was known in Spain as the *garotillo;* in 1680, in Italy, as *morbillo igneï.* It was not recognized in England as a disease differing from measles until 1650. Probably the first record of its appearance in this country is an account of an epidemic which broke out in Kingston township, fifty miles eastward from Boston, in 1735. Dr. Douglas, of Boston, has left a record of it under the title of the "Practical History of a new Epidemical Miliary Fever with an Angina Ulcusculosa."—*Ibid.*

News Items.

The issue of *The Clinic* for December 23d, 1871, might be appropriately styled a "*small pox number*," it being exclusively devoted to the consideration of that disease. Its contents comprises, "A History of Small-pox, compiled from various sources," original articles on the treatment of Small-pox at Rahs Hill Hospital, by Chas. P. Judkins, M. D., "Hemorrhagic Small-pox, by J. L. Cleveland, M. D.," and "Eye Complications in Small-pox, by W. W. Seely, M. D." Also, miscellaneous scientific notes, clinical memoranda, etc., all relating to Small-pox and vaccination.

The Clinic gives the number of deaths from Small-pox in Cincinnati during the week preceeding December 26th, 1871, as sixty-two, the whole number of deaths for the same time being one hundred and thirty-one.

Medical Department of Harvard University.—The number of students in all the departments of Harvard University is not so large as last year by 210—a falling off of 105 medical students.

The important change in the latter, in the plan of study and the requisites for a medical degree, probably accounts for the deficiency in numbers.—*Ibid.*

Chlorate of Potassa in Dysentery.—Dr. A. B. Isham, of Cincinnati, Ohio (*The Clinic*), says that in cases of chronic purulent dysentery, which has resisted the usual mode of treatment, he has resorted to the use of chlorate of potassa with success.

M. Nelaton.—It is rumored that this eminent French surgeon is to settle in London.

The Third Volume of the late Sir James Y. Simpson's works, comprising Diseases of Women, and completing the series, will appear early in January.

A Lengthy Skeleton.—Capt. Burton, the English explorer, is bringing home from Palmyra, besides a rare collection of skulls, a human skeleton eleven feet in length.

MORTALITY.

MONTH OF DECEMBER, 1871.

Year	December.	Total.	S.-pox. Dec.	Total.	Pop'n.
1862	203	2,578	3	5	137,000
1863	340	3,253	26	115	150,000
1864	263	4,044	12	283	161,000
1865	333	3,663	0	57	178,000
1866	309	5,931	2	9	200,418
1867	409	4,648	28	123	225,000
1868	375	5,984	2	147	252,054
1869	439	6,490	0	17	280,000
1870	415	7,342	0	15	299,000
1871	529	6,976	47	74	300,000

SMALL-POX.

The following table will show the number of cases reported for the months of November and December by wards; also the number of deaths for December:

CASES OF SMALL-POX REPORTED DURING THE MONTHS OF NOVEMBER AND DECEMBER, 1871.

Wards.	Nov.	Dec.		Deaths Dec.
1	—	1		—
2	—	—		—
3	1	13		2
4	2	7		1
5	—	16		2
6	—	13		3
7	21	41		14
8	23	45		6
9	3	23		1
10	—	5		—
11	—	5		—
12	—	5		—
13	2	3		1
14	—	2		—
15	2	20		5
16	3	7		3
17	2	1		1
18	4	2		—
19	—	2		—
20	1	—		—
Home of Friendless	1	—	S.-pox Hosp.	8
From Blue Island	1	—		
Marine Hospital	1	—	Total	47
N. W. Depot	1	2		
Barracks	—	1		
Totals	68	223		

Deaths by Small-pox in Wards for Dec., 1871

It will be seen from the above that small-pox has prevailed most in the 7th, 8th, 9th and 18th wards. In fact, nearly one-half of the cases occurred in the district south of Twelfth street on the West Side, the same being the case with regard to the mortality, particularly in the 7th ward, where the disease first existed, and where the fatality by it was much greater than in any portion of the city, the death-rate being one in three here, while it was one in five and a half for the remaining portion of the city. More deaths have occurred by this disease for this month than for the same time in the previous history of the city.

Of these there were 26 males and 21 females, 19 foreigners, 17 of foreign parentage born in Chicago, 12 born in the United States, 19 under five years, five from five to 20, 19 from 20 to 50, and four from 50 to 70. The first 19 had never been vaccinated, and of the remainder it is safe to say that if they had been re-vaccinated they would not have died. From this table it is to be seen that persons of all ages are affected by this disease, and that it is no respecter of ages.

The mortality for 1871 by small-pox has been 74, a less number than in any city of the same population in the United States. In Milwaukee for the month of December there were 65 deaths by small-pox and 184 cases reported, a mortality of one in two and five-sixths, while in the same month there were 225 cases reported here, with a mortality of 47, or one in about four and three-fourths. The total mortality for the year was 6,976. For January, 451, February, 100, March, 470, April, 421, May, 525, June, 558, July, 980, August, 818, September, 672, October, 440, November, 516 and December 525.

JOHN H. RAUCH,
Sanitary Sup't.

A method of applying dry heat and cold, suggested by Dr. Roberts, of Manchester, consists in the arrangement of a continuous coil of thin rubber tubing on a backing of canvas, to which it is to be cemented. One end of the tube can be connected with an elevated vessel containing water of the temperature desired, and the other end placed in a receiving vessel. The pad is to be applied to the surface the temperature of which it is desirable to modify.—*Br. Med. Jour.*

Primary Amputation of Thigh in a Child One Year and a Half Old, with recovery and discharge from hospital in good health on the forty-first day, is recorded in *The Lancet* of Dec. 2d.

Money Receipts to Jan. 20th, 1872.—Dr.'s C. T. Hunter, $5.00; E. R. Willard, $3.00; C. H. Allen, $3.00; W. W. McMann, $3.00; T. Griffin, $3.00; V. L. Hurlbut, $3.00; M. Reece, $3.00; L. Humphreys, $3.00; J. B. Meigs, $3.00; R. W. Bower, $3.00; Doepp, $3.00; J. J. Tyke, $6.00; Thos. Hamill, $3.00; D. Prince, $3.00; W. M. Helm, $5.00; H. Nance, $3.00; H. W. Alexander, $3.00; A. Given, $3.00; N. Senn, $3.00; W. H. Buchtel, $3.00; A. C. Carr, $6.00.

Original Communications.

CASES FROM THE NOTE BOOK OF ROBERT ROBSON, M. D., WITH OBSERVATIONS.

CASE I.—DISEASE OF THE FUNIS UMBILICALIS.

A few days ago I was called to attend a lady in labor with her second child, living four miles from my residence. On my arrival I was told it was all over, the child born and the placenta expelled, and the lady all right, but that there was something serious the matter with the child which they had never seen before, and on inspection of the child, to my surprise, there were three distinct tumors resting on the abdomen, and connected with the umbilicus, close to the integument of the navel. The one containing the cord was about the length and circumference of an ounce quinine jar, with a continuation of a small, shriveled cord, projecting from its extremity. The under part of this tumor was of firm, compact, tissue, while the upper, or superior portion of it, was soft and elastic, without any pulsation, and of a dirty, livid color. Immediately beneath, growing from the above, at its junction with the abdomen, was another of different character, consisting of a transparent globular mass, of the size of a large orange, and another of the size of a pullet's egg, containing a thick albuminous substance, like jelly, both of which I extirpated. The following day I returned, and cut loose from the abdomen of the child this disgusting looking tumor, leaving a small button of flesh, in order to prevent the ligature from slipping off at the navel. The amount of blood lost was not less than three or four ounces, which materially diminished the bulk of the tumor. I carried the tumor home with me, and in company with Dr. Rollins, of this place, made an examination of its contents, which consisted mainly of the funis in a spiral form, each coil adhering to the other, and thoroughly agglutinated with albuminous substances, some extravasated blood, and with here and there some points of organized matter.

The child was lean and feeble, weighing about five pounds, imperfectly developed in the lower extremities, the limbs being very small, and consisting alone of bone and integument, while its head, trunk and superior extremities, were very little better.

Observations.—On inquiry of the woman in reference to her health during the period of gestation, she observed it had been good during the entire period, with only one exception, that some months previous to the birth of her child she had come in contact with a large snake, and on the day following this circumstance, with another, which alarmed her very much. Whatever effect the fright may have had in this case on the gravid uterus and appendages through the nervous system, I am not prepared to offer any conjectures. That the child was lean, feeble, and imperfectly developed, was undoubtedly the result of an arrest of growth in consequence of diminished nutrition.

It is very difficult to understand how the fœtal circulation could perform its function, through such a mass of matter, as the above disease of the funis presented. I regret I did not have an opportunity of seeing the placenta. The child died on the third day after birth.

CASE II.—SPONTANEOUS OCCLUSION OF THE URETHRA OF THE PENIS.

A gentleman, advanced in years, the father of a large family, called at my office, and stated that he had experienced much difficulty in urinating for the last two or three years, and that he now feared the canal through the penis was completely obliterated, that his brother was in a similar condition, and that his father, during the latter part of his life, was subject to the same difficulty.

On examination I found the bladder painfully distended, but failed to perceive the least sign of a urethra, and it was only after using a magnifying glass that I could discover a mere speck, representing the urethra. I attempted to introduce the smallest size probe, but without success, and again penetrated the penis some distance further, which proved sufficient. He was now able to urinate. The loss of blood from so small an operation was considerable. The remaining treatment con-

sisted in dilating the urethra by injections of tepid water, and smearing the point of the syringe at every attempt with the cerat. simplex, to prevent cohesion. After continuing this course for two or three days he called again to say he had no further difficulty.

Observations.—This is the second case of this character ocurring in old subjects, which has come under my notice lately. From the history of the above case, there would appear to be a hereditary tendency in the family to lesions of nutrition in the mucous membrane of the urethra, in consequence, I suppose, of some modification of the capillary circulation of the part. I have seen various degrees of narrowing in the urethra of boys, and the same cause which produces it in the boy will undoubtedly produce it in the adult. Cases present themselves of chronic inflammation, from gonorrhea, of the corpus spongiosum urethra, but in such cases the spongiosum may be felt indurated with more or less discharge from the urethra, but in the above instance nothing of the kind has ever been the case with my patient. That there must have been chronic inflammation there can be no doubt, but from what source?

CASE III.—HYDRATE OF CHLORAL IN ASTHMA.

Asthma is often so obstinate and unmanageable, and so difficult to treat successfully, that any remedial agent that promises to be of value, is important, and deserves a trial at the hands of the profession; and it may therefore be not altogether unprofitable on my part to report the following case: A lady of about thirty-six years of age, of rather delicate constitution, subject to asthma, was seized with a violent paroxysm of spasmodic asthma, and sent for her physician, who was not at home, when I was called in, at six o'clock in the evening, to attend her. She had then been suffering twelve hours. I found her, on my arrival, laboring hard from want of breath, almost suffocating, and a loud, wheezing noise, and rattling, from effusion of mucus in the pulmonary tissues. I administered a mixture of Hoff's anodyne, compound syrup of squills, and fluid extract valerian, in large teaspoonful doses from time to time, when the squills caused her to throw up a quantity of mucus, which gave great relief at the moment, and induced a sleep of half an hour. On waking up, the paroxysm returned, with an aggravation of all the symptoms, and with great oppression and dyspnœa; she desired the doors to be thrown open—more air was the cry. At this moment her pulse was small and weak, her skin cold, her countenance indicative of great suffering. I now added some hyosciamus to my prescription, but nothing I had done, or could suggest, did any good. She seemed to be getting worse, and I knew of no practice which experience has proved generally successful, or of no pathological light to direct me to the radical cure or relief of this most distressing disease. Antispasmodics, anodynes, expectorants, and the datura stramonium, which was repeatedly smoked during the intervals of the paroxysms, all failing, which had given great relief in her previous attacks.

Entertaining, among the various pathological views of this disease, the impression that the disease was one of spasmodic action of the excito-motory nerves, and most probably consequent on visceral derangement, I resolved to change my treatment, my first indication being to relieve the pain and dyspnœa, and induce sleep. For this purpose I used the following prescription: ℞ Hydrate of chloral ʒij, acet. scillæ, tinct. opii camph. aa ℥ss, one-fourth of which was given every hour. After the second dose, the pains and dyspnœa subsided, and she fell into a sound uninterrupted sleep, which continued for some hours, and awoke comparatively well, expectorates freely, and has been improving without any further treatment.

LIQUID NITROUS OXIDE AS AN ANÆSTHETIC.

BY EDMUND ANDREWS, M. D.

Professor of Surgery in Chicago Medical College.

Many months ago I made experiments on the use of nitrous oxide pure, and nitrous oxide mixed with oxygen, with the view of adapting them to the purposes of anæsthesia in general surgery. These experiments, which

were published in THE EXAMINER, showed that there were several difficulties in the way of using, for prolonged operations, the ordinary gas of the dentists—one of which was that the gas never makes the least approach to purity, containing always from 10 to 25 per cent. of free nitrogen and oxygen. As it is almost impossible to separate the free nitrogen without an apparatus for reducing the gas to a liquid form, I suspended the experiments until this deficiency could be supplied.

Three weeks ago I received from Johnston Brothers' Dental Depot, 812 Broadway, New York, an apparatus and a supply of liquid nitrous oxide equal to 100 gallons of gas. It is well-known that under a pressure of about 750 pounds to the square inch nitrous oxide condenses to a liquid, while the free nitrogen and oxygen, contained as impurities in it, remain in the gaseous form in the top of the receiver, hence the condensation serves as a means of separating the oxide from the other gases. The liquid was contained in a strong iron flask about four inches wide and twelve inches long. When it is desired to use the anæsthetic a faucet is turned slightly, allowing the gas to escape into a rubber tube leading to a small sack, and thence to an ordinary inhaler, so contrived, with valves, that the inspirations are drawn from the sack and the expirations pass into the open air. When not in use the whole is packed in a neat case about five inches square and fourteen inches long, with a handle on one side for carrying it, and weighs, perhaps, twelve pounds. The contents of one flask will last long enough for about three surgical operations of moderate length. The intention is to have the flasks kept ready filled at drug stores and dental depots, where the surgeon can return his empty flasks and procure filled ones.

The apparatus being new to myself and assistants, it is probable that we did not obtain the best possible results from it, but the following cases illustrate the effects:

Case 1. Five fingers to be amputated for frost bite, followed by mortification. The patient came under the influence slowly and with difficulty. At length his consciousness seemed to be gone, and his countenance presented the blue asphyxiated look characteristic of full anæsthesia by nitrous oxide, nevertheless he writhed and struggled during a large part of the operation, and afterwards complained that he felt every cut. The result was decidedly unsatisfactory.

Case 2. This was mortification of a single finger requiring amputation. The patient was given the gas more freely, by turning on a more copious stream from the flask. He was anæsthetized in about forty seconds, and went through the operation without any consciousness of pain.

Case 3. This was an operation upon varicose veins in the leg. The patient went under the influence of the anæsthetic in 35 seconds, obtaining a complete insensibility. In this state I injected the veins of the leg in about ten places with tincture of iron, without causing any pain.

Case 4. The inhalation commenced, but the supply of gas gave out, and the anæsthesia was completed with ether.

It is stated that the operation of ovariotomy has been performed under the successful influence of this anæsthetic in New York.

The present state of knowledge on the subject, derived largely from my own investigations, may be summed up in the following propositions:

1. Nitrous oxide is the safest anæsthetic known. In a laborious collection of statistics which I made, embracing over 200,000 cases, I showed that the mortality of these articles was nearly as follows:

Chloroform, one death in 2,723 cases; sulphuric ether, one death in 23,204 cases; mixed chloroform and ether, one death in 5,588; bichloride of methylene, one death in about 7,000; nitrous oxide, no death in 75,000. (Chicago Medical Examiner, 1870.)

2. Nitrous oxide anæsthetizes the patient in about forty seconds, while the other articles require from five to twenty minutes. The patient also awakes quickly, and does not suffer from nausea afterwards.

3. The liquefaction of the gas renders it portable, so that it can now be easily carried to patients' houses.

4. The expense, after the manufacture and

sale are well established, will probably be less than that of ether.

5. Nitrous oxide always produces a purplish flush of the face, indicating partial asphyxia, though without any sense of dyspnœa, hence it cannot, in prolonged operations, be given continuously, but must be alternated with short intervals of breathing atmospheric air, renewing the inhalation of the gas as often as the duskiness of the countenance subsides.

6. It is not certain yet that all patients can be kept steadily asleep in this manner. Some of them seem to arouse after the first short sleep, and cannot be again fully quieted, even if the gas be pushed to the production of a decided flush of asphyxia in the countenance. Perhaps further experiments will remove this difficulty.

7. Nitrous oxide, in the gaseous form, may be mixed with one-fourth its bulk of free oxygen, and then does not asphyxiate. In my experiments on this subject I kept one patient nine minutes breathing the mixture, but the anæsthesia was less profound than was desirable.

8. If the patient be kept absolutely on pure nitrous oxide alone, he will die by asphyxia in spite of the general safety of the article, as it is incapable of oxidating the blood. The assistant administering it must pay attention to this matter, and give atmospheric air as required. I placed a rat in nitrous oxide gas from a dentist's gasometer, and the animal died in ten minutes, while another rat placed in a jar of the gas mixed with pure oxygen, remained in it half an hour and was taken out alive.

9. Although it is not yet certain that the nitrous oxide can be made generally available for long operations, it is already for all short ones the most convenient, safe and pleasant anæsthetic known.

No. 6 Sixteenth St., Chicago, Jan. 10, 1872.

The Removal of an Inverted Womb.—Dr. Thomas Hay, of York, Pa. (*Med. and Surg. Reporter*), lately removed an inverted uterus with an intramural fibrous tumor of the fundus. Four weeks afterward the patient was up and about her room, and the operation bade fair to be a perfect success.—*Ibid.*

EXTENSIVE FRACTURE OF THE SKULL AND EFFUSION OF BRAIN, WITH RECOVERY.

BY W. W. McMANN, M.D., OF GARDNER, ILL.

I was summoned in great haste, on the 10th of April, 1859, to see the son of Wm. H——, of this village, a boy some eight years of age, who unfortunately had his head crushed between the box of a wagon and a building. The injury was so severe that one ounce of brain was pressed from the wound, which was situated about half an inch above the left supraorbital ridge; this I carefully gathered up and weighed. Upon examination I discovered that it would be necessary to trephine and elevate the depressed portion of bone over the left temple. For this purpose I made a V shaped incision, raised the flaps, and sawed off an angle of bone. In the process of elevating the fractured os frontis that was driven into the brain, I scooped out one half ounce more of brain, by weight, making in all one and a half ounces. Although the fractured portion of the skull was pushed into the brain at least half to three quarters of an inch, and the boy was perfectly unconscious from the time the injury was received until the operation was performed, so much so as to be in perfect coma, with total paralysis of all the senses, still, as soon as the depression was relieved, consciousness began to return, and in two hours time he had so far recovered as to recognize his mother. From this the little patient rapidly convalesced, and in three weeks was playing about the house.

Remarks.—The above unique case was one of considerable interest to me, from the fact of the great loss of brain, and the quick recovery that followed. Also from the fact that he perfectly recovered all his mental faculties. Although nearly three years have past since the injury was received, yet we find him well and hearty, and he is considered the sharpest child in the family of six children.

A New Medical Baronet.—The honor of baronetcy has been conferred on the celebrated English pathologist and surgeon, Jas. Paget.

Clinical Reports.

MEDICAL WARDS OF MERCY HOSPITAL.

SERVICE OF PROF. N. S. DAVIS.

CASE I. VALVULAR DISEASE OF THE HEART.—This patient entered the hospital three weeks ago, with much more embarrassment of respiration and irregularity of the heart's action than he now presents. There was considerable venous congestion of the lungs and oppression of breathing, and the heart's action was quick and tremulous, omitting one in four or five beats. Such symptoms may come from irregularity of innervation, from the cardiac ganglia of the sympathetic, or from disease at the base of the brain influencing the cardiac branches of the pneumogastric. But if the affection be organic a rough murmur will remain after the heart's action has been made slow and steady by digitalis, or other sedatives, and its location will determine the situation of the trouble. (Here each member of the hospital class was permitted to examine the cardiac region with the stethescope, and also with the ear direct.)

A double murmur is due generally to regurgitation; but sometimes it depends upon aortic and mitral lesion combined.

In this patient the rough sound is heard near the apex of the heart, and on its left side one inch below the nipple, and is rough, following the systole and seeming a continuation of it. It is plainly caused by mitral thickening, which, by the patient's account, was probably brought on by endocardial inflammation of a rheumatic character.

The great majority of this class of cases have their origin in rheumatic endocarditis. When of long standing they are generally incurable, but much may be done to palliate the patient's condition and prolong life. Whatever will lessen the frequency of the systolic action of the heart, and thereby give more time for the blood to pass through the contracted auriculo-ventricular opening, will afford temporary relief.

The patient was first put upon tincture digitalis, gtts. xx, every four hours, and to allay some gastric irritability and vomiting, which existed at the time of admission, he had carbolic acid and camph. tinct. opii, which speedily relieved that symptom. In two or three days the digitalis had brought the heart's action down to fifty beats per minute, and began to give a sense of tightness around the chest. The dose was then diminished to fifteen, and finally to twelve drops every six hours, which appears to be sufficient to keep the pulse beats between sixty and seventy per minute, though not regular. The digitalis has the advantage over other arterial sedatives of rendering the heart's action slow without diminishing its muscular force. As the patient was moderately anæmic, after the irritability of the stomach had been removed, he was directed to have twenty drops of the syrup of iodide of iron after each meal, moderate exercise in the open air, whenever it is pleasant, and the patient should study deliberation in all his movements. Thus he will have a pretty good lease of life. He has already improved greatly, and when quiet he feels nearly well.

CASE II. TUBERCULOSIS.—This patient, a laboring man aged about 38 years, says he has coughed more or less since the early part of last summer. He is considerably emaciated; has moderate night sweats; accelerated pulse; short respiration, and expectoration of mucopurulent matter. He has had no turns of hemoptysis. Physical examination of the chest, in which the class participated, showed flattening of the infra-clavicular regions; increased vibration of voice at the apex of the lungs; enfeebled inspiratory and prolonged expiratory murmur, anteriorly, with no rhonchus and no cavernous sounds. It was remarked that these physical signs indicated only primary or crude tuberculization of the upper lobes of the lungs, while the general symptoms of the patient indicated a more advanced stage of the disease. It was further remarked that if the physical examination was extended to the posterior part of the chest this apparent discrepancy between the general symptoms and physical signs would be explained by finding behind the upper part of the scapulæ the rhonchus indicating the stage of soft-

ening tubercles with inflammatory engorgement of the surrounding lung tissues. The case illustrates the necessity of making physical exploration of the whole chest. The Professor also related another case, in which a very important mistake was made by limiting the examination of the patient to the anterior part of the chest. The treatment should be such as is calculated to sustain nutrition and allay the local irritation in the lung tissue. In this case the patient was directed to take the following prescription:

℞ Comp. Syrup Squills ℥ jss.
Tinct. Bloodroot ℥ ss.
Camp. Tinct. Opii ℥ ii.

Mix. Take one teaspoonful each morning and evening.

℞ Syrup Iodide of Iron ℥ i.
Glycerine (pure) ℥ iii.

Mix. Take one teaspoonful after each meal time.

Case III. Splenitis and Chronic Ague.—This patient was admitted to the hospital two days since. He is a native of Ireland, aged about 30 years, and has been working in a district of country where periodical fevers are of frequent occurrence. He states that he has had paroxysms of intermittent fever every alternate day, with occasional interruptions, for a week, during the last three months. He has had one paroxysm, consisting of a well marked chill and fever, since he came into the hospital. His skin and lips are pale, indicating an impoverished or spanemic state of the the blood; but the most prominent item of complaint, on the part of the patient, is a severe pain in the left hypochondriac region, aggravated by a short, dry cough, with loss of appetite and general muscular weakness. On making physical examination, the respiratory murmur was found rough and exaggerated, indicating slight bronchitis; the left hypochondriac region was fuller than the right; decided tenderness on percussion at the lower margin of the ribs, with dullness extending vertically from two inches above the margin of the ribs to the crest of the left ilium; and transversely from the left margin of the epigastric region to the spine. With the patient on his back, and the thighs flexed on the pelvis, the members of the class could trace, by the touch, the hard rounded edge of a solid tumor extending from the margin of the epigastric region downward and to the left until it nearly touched the crest of the ilium. Both percussion and the touch showed that the broadest part of the tumor was upward and extended fully under the ribs of the left side. These facts showed that the tumor was simply an enlarged spleen. After pointing out the diagnostic differences between enlargements of the spleen, kidneys, mesenteric glands and ovaries, the Professor remarked that the moderate degree of tenderness existing in the spleen, the recent date of the enlargement, and the fact that it co-existed with chronic ague rendered it probable that it was caused by simple inflammatory congestion with semiplastic exudation into the texture of the organ.

The treatment in such cases should have for its objects both the permanent arrest of the intermittent paroxysms and the removal of the local inflammation. If the former is not accomplished each chill and febrile exacerbation will renew the local congestion and defeat all treatment directed to that alone. The patient was directed to have five grains of sulphate of quinine with two of blue mass each morning and noon for two days, then the quinine alone every morning for a week or more, at the same time he was to take ten grains of hydrochlorate of ammonia, dissolved in syrup of liquorice, every four hours until the splenitic enlargement disappeared—the latter was stated to be an old remedy for visceral enlargements consequent on chronic ague, it having been recommended by Dr. Eberle in his work on practice. After the intermittent paroxysms have ceased, and the local symptoms of inflammation have abated or disappeared, it will be proper to keep the patient for some time on small doses of quinine in combination with a soluble salt of iron, of which the citrate and phosphate are the best. This combination should be continued, with a mild, easily digested diet, and moderate out of doors exercise, until the patient regains his muscular vigor, and the blood its natural proportion of red corpuscles.

Case IV. Chronic Diarrhœa, Sequel of Typhoid Fever.—This patient is a middle aged man who was admitted into the hospital six or seven weeks since, then in the third week of a severe enteric typhoid fever. He then presented all the phenomena of the gravest form of typhoid fever in its advanced stage, with more than the usual abdominal tympanites and intestinal looseness. The discharges from the bowels were not only very frequent and thin, but were stained with blood, and contained some mucus. He was sustained by regular use of wheat flour and milk porridge for nourishment, and the emulsion of oil of turpentine and tincture of opium every four hours, alternated with small doses of strychnia and nitric acid. In about one week after admission the symptoms of general fever disappeared, and the patient, though extremely weak, appeared convalescent in all respects, except the continuance of diarrhœa. His passages numbered from six to twelve per day, and continued thin, reddish-brown and offensive. Regarding this diarrhœa as dependent on the ulceration of the patches of aggregated glands, his diet was carefully regulated, and a variety of remedies, such as sub-nitrate of bismuth, carbolic acid, acetate of lead, and the mineral acids, each combined more or less with opiates, but with no other effect than temporary diminution of the number of intestinal discharges. In the meantime, two weeks had passed since his convalescence from the general fever, and his condition was very unpromising. There was much emaciation; haggard expression; quick, weak pulse; much abdominal tympanites and distention; and still from eight to twelve intestinal evacuations of thin, reddish-brown stools, often distinctly mixed with blood. He was then put on the use of syrup of ipecac and tincture of opium, equal parts mixed, half a fluid drachm every two hours. The dose was subsequently increased to nearly a drachm. During the first four or five days this produced a decidedly favorable influence, lessening the number of discharges, and improving their quality. After that time it began to lose its beneficial effect, and it was continued at intervals of every four hours, and a pill of nitrate of silver, one-third of a grain, with pulverized opium, two grains, was given between—making them two hours apart. From that time he began very gradually to improve, and after about two weeks his discharges were reduced to one in the twenty-four hours, but it was still thin. The interval between the doses of medicine was lengthened to six hours, at which rate he has continued to the present time, December 30, 1871.

He is now able to sit up a part of the day; is gaining in flesh; appetite good; but feet become œdematous when dependent. The Professor explained that the patient, though steadily improving, could not be left safely without further treatment. The ulcerated patches in the mucous membrane were not entirely cicatrized, and if treatment is discontinued too soon the diarrhœa will increase again. The patient was directed to adhere to a bland nutritious diet; take one of the pills of opium and nitrate of silver before breakfast, dinner and supper, and two-thirds of a teaspoonful of the mixture of syrup of ipecac and tincture of opium at bed time.

Note.—Jan. 30, 1872.—At this date the patient is apparently well, bowels regular and passages natural, suffering only from general debility. He has taken no medicine for the last week.

Case V. Erysipelas Followed by Delirium.—This case of erysipelas was of medium severity, with considerable œdema about jaw and neck—the inflammation having extended over the face and scalp. He was kept on Tinct. Ferri 20 drops every two hours with a local wash to relieve discomfort. He complained of being cold—probably due to impoverishment of blood. To support the circulation he had quinine gr. iiss, and Dover's powder gr. v, three times a day for two days. At the end of six days the inflammation was receding, when he became rather suddenly delirious. Bromide of potassium, in 15 gr. doses every three hours for two days, served to subdue the cerebral excitement. Because of his weak and depressed condition he then had quinine gr. iii, three times a day, with moderate doses of Tinct. Ferri, and has gradually recovered. The scabs and scales of ex-

foliating cuticle can be much earlier removed by softening with glycerine and washing with alkaline solutions.

SURGICAL WARDS OF MERCY HOSPITAL.

SERVICE OF PROF. ANDREWS.

Case 1. Stricture of Rectum.—This man has a pretty severe stricture of the rectum, which does not resemble a cancerous stricture, but feels like a cicatricial band, and is probably caused by the healing of a specific ulcer in this situation. He has lately had delirium tremens, and the Professor would not like to anæsthetize him with chloroform, but directs ether in preference—patients laboring under delirium tremens are in peculiar danger from chloroform, and it is a singular fact that the only two patients who have ever died in this hospital from anæsthetics had been suffering from delirium tremens. No such results have been known from ether, and he would go all lengths to avoid the use of chloroform in such a case. This patient being accustomed to the anæsthetic influence of alcohol, requires an unusual amount of time and ether to secure anæsthesia.

The surgeon explores the rectum with his fingers, and passing in a probe-pointed bistoury nicks the stricture at different points, thus avoiding dangerous incisions. A conical wooden plug is introduced to dilate the stricture and it is soon found to have disappeared. The inflammation which will follow this must be attended to carefully, and a rectum bougie must be introduced daily, after the inflammation subsides.

Case 2. Fracture of Clavicle.—A man who had fallen from a hay-rack and hurt his shoulder was brought to the hospital clinic for treatment. It was found that the left clavicle was fractured near its middle. The ends of the bone were brought into apposition by the ordinary method of carrying the shoulder, upwards and outwards, and to retain this position the adhesive strap dressing was chosen. A cushion, to act as a fulcrum, was placed in the axilla, an adhesive strap 1½ yards long and 4 inches wide was carried over the right shoulder, under the left elbow and forearm, and over the right shoulder again, in order to keep the left shoulder up in its position; the elbow was strapped closely to the body by another adhesive band, which, acting with the cushion in the axilla, threw the shoulder outwards. In addition a cushion of cotton cloth was placed in the depression, above the clavicle, and over the fracture, in such a way as to keep the ends from springing upwards—the cushion being retained in place by a wide adhesive strap.

This contrivance will generally be as efficient as any of the numerous complicated arrangements for avoiding the deformity which is so apt to follow fracture of the clavicle.

Results of Excision of the Tonsils.—Guersant, of Paris (*Med. News and Library*), alludes to the positive results of excision of the tonsils in children. Deaf children sometimes hear after the operation; while those who speak indistinctly often pronounce much better. Those who sing gain also in clearness of voice, although it is true that though some adult vocal artists have gained, others have lost. Finally, and this is one of the greatest advantages resulting from the operation, those who have narrow chests breathe more freely, and the ribs, from being depressed as they were before, frequently return to their normal condition, and the chest assumes its proper health.

Infantile Hydrocephalus.—Dr. Hugh Carmichael (*The Doctor*), in a pamphlet on this subject, shows that the disease has too often been improperly treated, from the too prevalent idea that it depends on inflammation. This idea he forcibly combats, holding that it is far more often due simply to irritation, and will yield to calmatives judiciously administered. He relates cases in which children, apparently moribund, have recovered under calmatives, such as digitalis, cherry-laurel, etc. In some cases he has employed opium.

The March of Small-Pox.—Paris, London, New York, Lowell, Philadelphia—such are the halting-places in the march of an epidemic of small-pox hardly equaled since the days of Jenner; and a host of places where the disease has appeared with less virulence, all add their data to the history of a disease still held as a dreaded one, notwithstanding the advance of the present day in knowledge and science.—*Boston Medical Journal, Dec.* 14, '71.

THE
MEDICAL EXAMINER.
A Semi-Monthly Journal of Medical Sciences.
EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.
Chicago, February 1st, 1872.

EDITORIAL.

THE GAZETTE HEBDOMADAIRE, for Jan. 5th, 1872, contains quite an extended and very favorable editorial comment upon the "Medical Declaration of the London Physicians Respecting Alcohol."

A full report is also given of a highly interesting *memoire*, presented to the Academy of Medicine on December 25, on the subject of "Temperance Societies, and the possibility of their formation in France," by M. le Doctor A. Faville, jr. He first gives a complete review or history of the temperance movement, commencing with the formation of the American Temperance Society, at Boston, in 1827, and following its rapid extension, from year to year, throughout this country and Great Britain. Mention is also made of Dr. Rush, to whom the honor is accorded of having made the initiatory efforts in this great cause, as early as 1804, in the publication, at Philadelphia, of his "Inquiries into the effects of ardent spirits upon the body and mind."

After explaining the plan of organization and mode of action of our temperance societies, he speaks as follows, in regard to the results of their working: "The results of the work of these organizations it is most difficult to determine with accuracy. The influence extended by them being mostly of a moral character escapes all statistics, and can be neither weighed nor measured. Without doubt, the high and generous hopes of their first founders have not been realized. More than a generation has passed away since the initiation of the temperance movement, and there are drunkards still. Intemperance has been a scourge in all times and in all countries, and the war against it must be continuous and permanent. The temperance societies so far from being discouraged have redoubled their efforts to extend their influence and to increase the number of their adherents. These efforts, both in England and America, have not been without their results. We believe it is impossible to state exactly the number of *teetotalers* there are to-day in those countries, but they undoubtedly number many thousand, and probably millions. The working classes tend more and more to divide into two classes —those who drink to excess and those who do not drink at all. The latter, who are called *temperance men*, are easily distinguished by their good health, their neat appearance and decorous manners, and the confidence and esteem that they always elicit from those who employ them."

As regards the introduction of the temperance movement into France the writer does not think that the *total abstinence* principle would ever meet with favor there. First, because the moderate use of light wines, beer or cider with the ordinary meals is a universal national custom; secondly, because the cultivation of the grape forms so large and important a branch of the agricultural industry of the country: and, thirdly, he does not consider the moderate use of these weaker stimulants, taken with the ordinary meals, as in any way injurious, but, on the contrary in many cases, positively beneficial. This is the view advocated by everybody—physicians included—not only in France but in Germany and all the continental countries. At the same time, the habit of the excessive use of alcoholic stimulants is looked upon as being quite as much of a disgrace in those countries as in our own. The evils of intemperance are universally recognized in all countries.

With a view of suppressing or controlling this great vice M. Faville recommends the establishment, throughout France, of societies or *leagues* similar in their organization to our temperance societies, but founded on the principal of total abstinence from all the stronger spirituous liquors, and the avoidance of the frequenting of *cafés* and public drinking saloons, but allowing of the use, in moderation, of the ordinary wines and beers at home, or with the regular meals.

These principles are such as would meet with favor from all the more intelligent, sober and industrious people not only in France but in all other European countries.

MEDICAL OPINION IN ENGLAND REGARDING USE OF ALCOHOL.—It is with much satisfaction that we have noticed, for some time past, evidences of a better appreciation of the relation of alcoholic drinks to medical practice, both in this country and in Europe.

In a recent number of *The Doctor*, of London, we find the following very important declaration of opinion signed officially and in detail by several hundred physicians, embracing a large majority of the most eminent members of the profession both in London and the provincial towns. The document is as follows:

"MEDICAL DECLARATION RESPECTING ALCOHOL.—As it is believed that the inconsiderate prescription of large quantities of alcoholic liquids by medical men for their patients has given rise, in many instances, to the formation of intemperate habits, the undersigned, while unable to abandon the use of alcohol in the treatment of certain diseases, are yet of opinion that no medical practitioner should prescribe it without a sense of grave responsibility. They believe that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess, or necessarily for the continuance of its use when the occasion is past.

"They are also of opinion that many people immensely exaggerate the value of alcohol as an article of diet, and since no class of men see so much of its ill effects, and possess such power to restrain its abuse, as members of their profession, they hold that every practitioner is bound to exert his utmost influence to inculcate habits of great moderation in the use of alcoholic liquids.

"Being also firmly convinced that the great amount of drinking of alcoholic liquors among the working classes of this country is one of the greatest evils of the day, destroying—more than anything else—the health, happiness and welfare of those classes, and neutralising, to a large extent, the great industrial prosperity which Providence has placed within the reach of this nation, the undersigned would gladly support any wise legislation which would tend to restrict, within proper limits, the use of alcoholic beverages, and gradually introduce habits of temperance."

Nearly thirty years since, we commenced an earnest and thorough investigation into the effects of alcohol on the human system, and the rational indications for its use in the treatment of diseases. We were soon led, both by experiments and clinical observation, to the conclusion that the professional and popular ideas in regard to the tonic, nutritive and supporting effects of alcoholic drinks were entirely erroneous; and that their necessary or beneficial use in medical practice is very limited indeed. We were, also, long since convinced that the medical profession were largely responsible for all the evils flowing from the use of alcoholic drinks among civilized nations. That the habit of recommending patients to take some one of the alcoholic drinks without careful limits as to time and quantity has been the direct means of starting an appetite that has led many to the drunkard's goal, is doubtless true. But the custom, so generally indulged in by the members of the profession everywhere, of speaking of these drinks as restorative, supporting and stimulant, in their daily intercourse with all classes of society, has impressed these erroneous ideas indelibly upon the public mind; and no amount of either moral or legal suasion will stop the habits of drinking and consequent drunkenness, until our profession reverses its teaching and thoroughly revises its practice in regard to these agents. As a step in the right direction, we hail the above declaration of our professional brethren in England with great pleasure. We are glad to learn that the same subject is receiving favorable attention also on the continent of Europe, as the reader will see by another paragraph in the present number of the EXAMINER.

A MEDICAL EXHIBITION.—We call the special attention of our readers to the following circular, which we have received, relating to an Annual Exhibition in connection with the next meeting of the American Medical Association. The circular explains itself, and is as follows:

"The undersigned, Chairman and Secretary of the Committee of Arrangements of the

American Medical Association, have been authorized to invite attention to the project of an exhibition of objects interesting to the medical profession, to be held in Philadelphia during the next session of the Association. This exhibition has been suggested as a desirable amplification of what has been customary on these occasions; and is expected to resemble, more or less, the displays of this kind which are prominent features of the annual meetings of the British Medical Association.

"In accordance with this determination to have an exhibition on the 7th, 8th, 9th and 10th of May, 1872, during the next session of the Association, the Committee of Arrangements would respectfully and earnestly appeal for contributions of objects to be exhibited—and for other available co-operation—to members of the medical profession, pharmacists, and manufacturers of chemicals, to opticians, instrument makers, publishers and booksellers, and to all others who are concerned in manufacturing or dealing in anything related to the study and practice of medicine and surgery and the associate sciences.

"They will gratefully receive choice specimens and examples (likely to prove interesting through novelty, rarity, importance or superior character) of drugs, medicines, and other remedial appliances—including special chemicals and pharmaceutical compounds and materials—as well as the apparatus employed in pharmaceutical and chemical processes; also of optical and other instruments of observation and precision; of surgical instruments and implements; of preparations and objects in natural history, including human and comparative anatomy, morbid or healthy; of models, drawings, paintings, prints, and of printed works—of recent date or standard character—on medicine, surgery, and the associate sciences.

"The views of the committee, in regard to the materials and the general nature and purpose of the exhibition, may be understood from the following paragraphs of the original announcement:

"'The aim of the committee will be, in this attempt, to provide for the practical and scientific entertainment of the members of the Association. Their design is to form a collection of instruments, apparatus, specimens, preparations, models, drawings, plates, books, and all other proper objects that may be obtained or presented in good time for the purpose; and so to arrange it for exhibition as to bring it under the convenient observation of every delegate and professional visitor. They hope, in this manner, without any sacrifice of the usual regard for their guests, to give to the arrangements as much of a professional character as may be in their power. Their desire is to aid in advancing the practical interests of the Association, by affording, through an always useful channel, some more direct means, as well as signs, of technical and scientific progress, as an attractive addition to the ordinary routine of written and verbal communications and discussions.'

"'They cannot promise much success in a first experiment—undertaken at unavoidably short notice—beyond that of the pioneer in preparing the way for something better in the future, in the light of experience, and with more time and opportunity for concerted action.

"'No mere display of local wealth and variety of means and appliances, or of individual superiority, will be encouraged beyond what is entirely incidental to the general purpose; nor will there be any attempt on the part of the committee to present reprentative or historical collections, although such collections may be cordially welcomed. Competition and completeness, therefore, are not to be expected. No special reports or comparative statements need be looked for; nor will the committee be responsible for the merits or demerits of the several objects exhibited, although obliged to exercise control as to admission and location. Novelty, rarity, and practical character will necessarily have weight in determining precedence; but not at the expense of whatever may be deemed especially characteristic or interesting, whether old, rare, or new. In a word, under their limitation of time, space and means, they cannot undertake a general exposition or an industrial fair. Further and more specific details will be published as soon as practicable.

"'The committee confidently hope for encouragement and assistance, in an early practical response from their professional brethren, and from others who may have objects of interest to offer. They are bound to remind all concerned, however, that the contemplated collection must of necessity be, as much as practicable, select and characteristic rather than varied and extensive. It ought to be comprehensive, but can hardly be very full.'

"The committee trust, moreover, that their hesitation to undertake a very general exhibition will be attributed rather to a natural doubt of their power to accomplish the work with the means at their disposal, than to any disinclination or indifference as to the result. The present call has been issued at the earliest practicable moment, in the hope of securing a sufficiently prompt attention, from all parties, to enable them to do justice to the distant contributors, whom they are still ap-

prehensive of being unable to reach in proper time.

"The general plan of arrangement, and amount of space to be allotted to the several departments and collections, will have to be decided by the end of March; and all the objects to be exhibited must be within reach of the committee by the second or third week of April next.

"In order, therefore, to prevent confusion and disappointment, lists of objects offered for exhibition, and estimates of the amount of space desired for the purpose, will be required as soon as practicable after the publication of this circular.

"Communications addressed to Wm. Pepper, M. D., 1215 Walnut street, and F. F. Maury, M. D., 1218 Walnut street, the Sub-Committee on the Exhibition, will receive immediate attention.

"EDWARD HARTSHORNE, M.D.,
Chairman of the Committee of Arrangements,
1439 Walnut St., Philadelphia.

[Attest, Jan. 20, 1872.]

"D. MURRAY CHESTON, M.D., Secretary, 25 S. 16th St., Philadelphia."

SPRING AND SUMMER MEDICAL INSTRUCTION.—We have received the "*Announcement of the Spring Course for* 1872" in connection with the Rush Medical College. The course will begin on Wednesday, March 6, and will continue until June 26, 1872. The lectures will be given in the Lecture Room of the Cook County Hospital, by the following Instructors:

Prof. J. H. Etheridge, M. D., Instructor in Principles and Practice of Medicine; C. T. Parkes, M. D., Instructor in Anatomy; F. L. Wadsworth, M. D., Instructor in Physiology; E. Fletcher Ingals, M. D., Instructor in Materia Medica; Curtis T. Fenn, M. D., Instructor in Obstetrics; J. E. Owens, M. D., Instructor in Diseases of the Urinary Organs; Prof. E. Powell, M. D., Instructor in Surgery; I. N. Danforth, M. D., Instructor in Pathological Histology; L. W. Case, M. D., Instructor in Chemistry; J. E. O'Brien, M. D., Instructor in Medical Philosophy; W. C. Hunt, M. D., Instructor in Microscopical Anatomy and Use of Microscope.

TERMS: College Matriculation Ticket, $5. This ticket must be obtained for the Spring Course, and will be good one year. Hospital Ticket, $5.

For Circulars, and other information, address the Secretary of the Spring Course, Curtis T. Fenn, M. D., 1155 Michigan avenue.

CHICAGO MEDICAL COLLEGE.—The present regular lecture term, or collegiate year, will close on the second Tuesday in March. The exercises of the public commencement will be held, as usual, on Monday and Tuesday, March 11 and 12. The Valedictory will be delivered by Prof. Thomas Bevan. The usual spring and summer course of instruction in this college will commence on the first day of April, and continue until the first of July following. It will be free to Matriculated students of the college.

DR. A. B. WILLIAMS, of Depere, Wis., sends us the following account of a case of lithotomy, upon which he operated:

The patient, a Hollander 24 years of age, but a short time in this country, had always been troubled, since childhood, in passing water; lately had been able to pass it only as it dribbled away during sleep. Dr. Williams, on being sent for, introduced a sound and struck the stone at once. On the following day he operated by the lateral method, and removed a mulberry calculus one and one-half inches long and one and one-half inches in circumference. The wound healed well, and the patient made a good recovery.

MESSRS. LINDSAY & BLAKISTON announce the publication of a new work on The History of Medicine, by the late Prof. Robley Dunglison, M. D., L.L. D. It comprises the lectures delivered by him, on that subject, at the University of Virginia, collected and arranged from the original manuscript by his son, Richard S. Dunglison, M. D. It will be issued in a small octavo volume of about 250 pages, printed on tinted paper, and handsomely bound in cloth. The price, to subscribers, will be $2.50. Subscriptions received by Lindsay & Blakiston, Philadelphia.

DR. H. N. HURLBUT suggests a solution of acetate of lead, 8 or 10 grains to the pint of water, as an application to relieve the intolerable itching, and also to prevent pitting, in small-pox. He has used it for some four years, and with invariable success.

Gleanings from Our Exchanges.

MEDICAL DEPARTMENT CHICAGO RELIEF AND AID SOCIETY.

The following in relation to the medical department of the Chicago Relief work, we extract from the First Special Report of the Chicago Relief and Aid Society:

The Committee on Sick, Sanitary and Hospital Measures is composed of men representing fairly the medical profession of the city. Dr. H. A. Johnson is the Chairman. Provisions for medical relief have been made as follows:

VISITATION.

The city has been divided into districts and sub-districts, with the same boundaries and the same offices as those of the Superintendents of Distribution.

To each of these divisions a Medical Superintendent and a sufficient number of visiting physicians have been appointed. Their duties are defined as follows:

First. Each visiting physician will establish an office in connection with the depot of distribution in his district.

Second. He will, at a specified hour, morning and evening, visit the office and answer such calls as may be left by the Superintendent of Distribution, the visitors, and the Medical Superintendent of the district.

Third. He will supply himself with a case and medicines for the use of those only who are the proper subjects of relief by this Society.

Fourth. He will affix to each prescription that he may send to the dispensing chemist, his signature, with a statement that this prescription is on account of the Chicago Relief and Aid Society.

Fifth. He will especially examine into the sanitary condition of his district, the quantity and quality of food, clothing, dwellings, etc., and all matters having a bearing upon public or private health.

Sixth. He will report daily to the Medical Superintendent of his district, the name, age, sex and nativity of each patient, with the name of the disease, result of treatment, number of visits to each patient, and such other information as the Medical Superintendent may, from time to time, require.

Seventh. Each Medical Superintendent will have the immediate direction of the medical service and sanitary interest of his district, and will be held responsible for the faithful performance of this work. He will assign visiting physicians to sub-district, and require of them a daily report of their work. These reports he will condense and present weekly to the Committee. He will admit patients to hospital, and in cases of emergency, visit patients at their homes.

The General Superintendent has directed visitors to report all cases coming to their knowledge requiring medical attendance, and the person in charge of each office has such reports at all times in readiness for the medical officer of the district when he calls. All possible aid is given the medical officer of the district, and he is allowed free access to the office and books of the Society at all times.

MEDICAL DISPENSARIES.

In addition to this provision for the visitation of the sick at their homes, dispensaries have been established at convenient points, where such patients as are able to apply in person for advice are treated, and where medicines are dispensed upon the prescription of any physician certifying that his services in the case are gratuitous. In the North Division of the city there is now only one of these institutions; another will be opened as soon as the need of it shall be evident. In the West Division there are three, and in the South Division two. Medicines are also dispensed and out-patients treated at all of the hospitals.

HOSPITALS.

For the relief of such patients as cannot safely be treated in their homes or quarters, and who cannot apply at a dispensary, hospital accommodations have been provided. Fortunately the principal hospitals of the city were in the unburned district. Arrangements have been made with all these institutions by which patients are received on account of this Society, without charge for medical and surgical attendance, nursing and general care, the Society furnishing only medicines, rations and furniture for such relief patients as may be received on its account. These hospitals are as follows:

The Providence Hospital, located just beyond the northern limits of the city. The Women's and Children's Hospital, formerly located on North State street, but now temporarily at No. 598 West Adams street. This is mainly a lying-in hospital. The Chicago Eye and Ear Infirmary, under the care of Dr. E. L. Holmes, before the fire on Pierson street, in the North Division, now at 579 West Adams street. St. Luke's Hospital, on Indiana avenue, between Fourteenth and Sixteenth streets. The Scammon Hospital, on Cottage Grove avenue, near Twenty-ninth street. The Mercy Hospital, corner of Calumet avenue and Twenty-sixth street, and the County Hospital, Arnold street, near Eighteenth street.

In addition to these accommodations, the Committee are building a hospital in the burnt district of the North Division. The plan is essentially that of the United States army hospitals. Hospitals are also being constructed in connection with the barracks in the West and North Divisions of the city. Patients are admitted to hospitals upon the order of the medical officers of the Chicago Relief and Aid Society, the Sanitary Superintendent of the Board of Health, and the County Physician.

Supplies to hospitals and dispensaries are issued upon requisitions endorsed by the chief medical officer of the institution, and approved by the Chairman of the Committee on Sick, Sanitary and Hospital Measures.

The dispensaries and hospitals report daily to the chairman of this Committee the number of patients treated, number of deaths, number of recoveries, and, as often as required, the names of relief patients under treatment. With the daily reports from the visiting physicians, and these reports from hospitals and dispensaries, the committee will be able to give at any time the name and address of every patient treated, and at the close of their work the result of the case.

BURIALS.

Arrangements have been made with the county authorities by which, at a small cost to the relief fund, all who may die while under the care of this department will be furnished a coffin and hearse to any of the cemeteries in the vicinity of the city. Orders for such burial are given by Dr. Jno. H. Raeh, of the Board of Health, Dr. B. C. Miller, County Physician, or Dr. H. A. Johnson.

HOW TO OBTAIN MEDICAL RELIEF.

To obtain medical relief it is only necessary to make application to some one of the Superintendents of Distribution, to a visitor of that bureau, or to a Medical Superintendent. The offices and office hours of the physicians of the Society will be found in the directory at the end of this report.

SANITARY REGULATIONS AND CONDITION.

The sanitary questions connected with houses and barracks have been carefully considered, and the suggestions of this Committee have been adopted by the Committee on Shelter. The barracks are subject to a careful, daily inspection by sanitary officers, and regulations best calculated to maintain health are rigidly enforced. The statistics thus far indicate that these quarters are probably more healthy than those occupied by the same class of tenants before the fire. Up to the present time, November 30, only one death has occurred among a population of five thousand in barracks.

For the last four years our city has experienced a singular immunity from small-pox. We can hope to maintain this only by the same measures hitherto used, namely, vaccination and revaccination. This has been made compulsory in the barracks, and all of our citizens have been urgently advised to submit themselves to the same operation. The returns from hospitals, dispensaries and visiting physicians, show that, to the date of this report, about five thousand patients have been cared for by the medical officers of this Society.

A circular has been prepared and issued, earnestly inviting the co-operation of our citizens in providing for the sick proper nourishment, delicacies, and such care as cannot be given by the physician. It is believed that material aid will thus be secured to the Committee in the administration of medical relief.

This department is indebted for valuable assistance to the Board of Health, and especially to the Sanitary Superintendent, who has given his personal attention to the sanitary arrangements and police of the houses and barracks.

The medical force is made up of men prominent in the profession, and earnest and conscientious in the discharge of their duties; and with the above provisions, it is believed that help will be brought within the reach of all, and none will suffer for anything that humanity, guided by educated art, can do for them.

MARRIAGE *v.* CELIBACY.

M. Bertillon has read a paper at the Academy of Medicine, at the sitting of November 14, entitled "Influence du mariage sur la duree de la vie et sur les maladies intellectuelles ou morales," which is itself only a portion of an article on marriage intended for the "Dictionarie encyclopedique des sciences medicales." He maintains the healthy influence of conjugal association as compared with that of celibacy. He proves his assertions by statistical facts drawn from the statistics of France, Holland, and Belgium. They embrace a period of ten years.

According to his figures, if we consider the masculine sex, it will be seen that from twenty-five to thirty years of age, 1,000 married men furnish 6 deaths; 1,000 bachelors, 10 deaths; and 1,000 widowers, 22 deaths. From thirty to thirty-five years of age, 1,000 married men furnish 7 deaths; 1,000 bachelors, 11½ deaths; 1,000 widowers, 17½ deaths. From thirty-five to forty years of age, 1,000 married men furnish 7½ deaths; 1,000 bachelors, 13 deaths; and 1,000 widowers, 17½ deaths. And so on, in a series of tables for all ages, the

married man has always the advantage of the single man. But the widower has a still greater mortality than the bachelor. How can this be explained? In the case of young men married under the age of twenty, the statistics show it to be the reverse of salutary. Out of 8,000 young men married before twenty, their mortality was, before marriage, only 7 per 1,000; after marriage, it was 50. This is a constant result that is found in Paris, Belgium and Holland. Everywhere young married people, from eighteen to twenty years of age, die as fast as old people of from sixty to seventy years of age. From these facts we must conclude, with Hufeland, "that the premature use of the genital organs is the most sure means of inoculating old age." This astonishing mortality can be attributed to no special malady, but to a general enervation which, without doubt, renders them an easy prey to any disease.

With respect to the feminine sex, we find the same advantage of marriage over celibacy, though not quite so marked. Up to the age of thirty no perceptible advantage is derived from marriage. From thirty to thirty-five the mortality is 11 per 1,000 for single women, and only 9 per 1,000 for married women. This difference increases up to fifty-five. Thus, from fifty to fifty-five years of age, 1,000 wives furnish only 15 or 16 deaths; whilst as many single women or widows furnish 26 or 27. This advantage remains very notable beyond that age, diminishing but little. But, in France under twenty-five years of age, and in Paris under twenty, marriage is far from favorable, but even injurious, as in the case of the masculine sex. The mortality of young girls from fifteen to twenty is 7.53 per 1,000. The mortality of wives of the same age is 11.86. The mortality of girls from twenty to twenty-five is 8.32; of wives, of the same age, 9.92. Without doubt, the cause of so great an augmentation of mortality in married women, from twenty to twenty-five, is pregnancy, which, disappearing towards the age of forty years, permits the privilege of married women to recover its equilibrium. The deadly effect of widowerhood on men has been seen; it is not less deadly in the case of women, but ceases to be so after thirty; and after forty-five more single women than widows die.

The influence of marriage on criminality is not less striking. Whilst the criminality of single men for crimes against persons is 100, for married men it is only 49, and 45 for offences against property. The criminality of widows and widowers approaches that of celibacy. Relative to suicide, the author concludes, from his researches, that this cause of death is reduced one-half by marriage; and he adds, that it has the same for madness.—*The Doctor, Jan.* 1, 1872.

Vaccination Papers.—Small-pox having entered our hitherto healthy town, there has been a great demand for vaccination; and I have, at times, found difficulty in keeping up a regular supply of lymph. To meet this, I have devised a new method of lymph preservative; it is most portable, and very certain in its effects. Taking a sheet of common sized (*i. e.*, cream-laid) note paper, I paint it with fresh lymph taken from the vesicle with a fine camel-hair pencil. The lymph soon dries; and the paper is ready for use. When required, a minute piece may be cut out or torn off the sheet, and, after having been slightly breathed upon, should be stuck upon the freshened surface. If the paper be required to be kept for any length of time, it should after being charged, be covered with a thin coating of white of egg. Isinglass will not do, as it cracks when dried—*Preston—Brit. Med. Jour., Dec.* 23, '71.

Complete Excision of the Astragalus and Os Calcis.—Dr. T. G. Morton, of Philadelphia (*Am. Journ. Med. Sciences*), presented a case of excision of these bones, at a meeting of the College of Physicians and Surgeons. A very perfect recovery followed, both as regards motion in the new joint and in the usefulness of the foot, which was shortened about one inch.

News Items.

AMERICAN MEDICAL ASSOCIATION.

Office of Permanent Secretary,
Wm. B. Atkinson, M. D.,
1400 Pine St., cor. Broad, Philadelphia.

The Twenty-third Annual Session will be held in Philadelphia, Pa., May 7, 1872, at 11 A. M. The following committees are expected to report:

On Cultivation of the Cinchona Tree.—Dr. Lemuel J. Deal, Pennsylvania, Chairman. On the Anatomy and Diseases of the Retina—Dr. R. F. Michel, Alabama, Chairman. On the Comparative Pathology and the Effects which Diseases of Inferior Animals have upon the Human System—Dr. Geo. Sutton, Indiana, Chairman. On the Structure of the White Blood Corpuscles—Dr. J. G. Richardson, Pa., Chairman. On Vaccination—Dr. T. N. Wise, Kentucky, Chairman. On Skin Transplantation—Dr. J. Ford Thompson, D. C., Chairman. On the Nature and Process of the Restoration of Bone—Dr. A. L. McArthur, Illinois, Chairman. On some Diseases peculiar to Colorado—Dr. John Elsner, Colorado, Chairman. On Correspondence with State Medical Societies—Dr. N. S. Davis, Illinois,

Chairman. On National Health Council—Dr. Thomas M. Logan, California, Chairman. On Nomenclature of Diseases—Dr. Francis Gurney Smith, Pa., Chairman. On What, if any, Legislative means are expedient and advisable to prevent the spread of Contagious Diseases—Dr. M. H. Henry, New York, Chairman. On American Medical Necrology—Dr. J. D. Jackson, Kentucky, Chairman. On Medical Education—Dr. J. S. Weatherly, Alabama, Chairman. On Medical Literature—Dr. Theoph. Parvin, Indiana, Chairman. On Prize Essays—Dr. Alfred Stille, Pa., Chairman. On the Climatology and Epidemics of—New Hampshire, Dr. G. R. Crosby; Vermont, Dr. G. B. Ballard; Massachusetts, Dr. E. Cutter; Rhode Island, Dr. Edw. T. Caswell; Connecticut, Dr. J. C. Jackson; New York, Dr. W. F. Thoms; New Jersey, Dr. E. M. Hunt; Pennsylvania, Dr. W. L. Wells; Maryland, Dr. C. H. Ohr; Georgia, Dr. A. J. Semmes; Missouri, Dr. W. S. Edgar; Alabama, Dr. R. F. Michel; Texas, Dr. S. M. Welsh; Illinois, Dr. David Prince; Indiana, Dr. Dugan Clark; District of Columbia, Dr. J. W. H. Lovejoy; Iowa, Dr. J. Williamson; Michigan, Dr. S. H. Douglas; Ohio, Dr. J. A. Murphy; California, Dr. F. W. Hatch; Tennessee, Dr. W. K. Bowling; West Virginia, Dr. E. A. Hildreth; Minnesota, Dr. Chas. N. Hewitt; Virginia, Dr. A. G. Wortham. On the Climatology and Epidemics of—Delaware, Dr. L. B. Bush; Kansas, Dr. Tiffin Sinks; Mississippi, Dr. J. P. Moore; Louisiana, Dr. S. M. Bemiss; Wisconsin, Dr. J. K. Bartlett; Kentucky, Dr. L. P. Yandell, Sr.; Colorado, Dr. B. G. Buckingham; Oregon, Dr. E. R. Fiske; North Carolina, Dr. J. F. Haywood; South Carolina, Dr. M. Simmons.

Physicians desiring to present papers before the Association should observe the following rule:—

"Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the Secretary of the appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent, to examine them with care, and, with the advice of the Chairman of his Section, to determine the time and order of their presentation, and give due notice of the same. . . ."

OFFICERS OF SECTIONS.

Chemistry and Materia Medica—Drs. R. E. Rogers, Philadelphia, Pa., Chairman; Ephraim Cutter, Boston, Mass., Sec'y. Practice of Medicine and Obstetrics—Drs. D. A. O'Donnell, Baltimore, Md., Chairman; Benj. F. Dawson, New York, N. Y., Sec'y. Surgery and Anatomy—Drs. John T. Hodgen, St. Louis, Mo., Chairman; W. F. Peck, Davenport, Iowa, Sec'y. Medical Jurisprudence, Hygiene and Physiology—Drs. S. C. Busey, Washington, D. C., Chairman; E. L. Howard, Baltimore, Md., Sec'y. Psychology—Drs. Isaac Ray, Philadelphia, Pa., Chairman; John Curwen, Harrisburg, Pa., Sec'y.

Secretaries of all medical organizations are requested to forward lists of their Delegates, as soon as elected, to the Permanent Secretary.

Railroad and Hotel arrangements will be announced at an early date.

W. B. ATKINSON.

JAMES FISK, JR's brain is said to have weighed 59 ounces. This is the fifth heaviest on record. Cuvier's, notably the heaviest, weighed 64 ounces.

THE SMALL-POX EPIDEMIC IN VIENNA is rapidly increasing. A new ward has had to be constructed for small-pox patients in Prof. Hebra's department.

DR. BAMBERGER has been elected to succeed the late Prof. Oppolzer in the Chair of Medicine, at the University of Vienna.

THE ITALIAN PROFESSION is raising a subscription for a medal in honor of Prof. Virchow.

DIPHTHERIA and the exanthemata are prevalent in Vienna and some other parts of Austria. Hamburg is suffering from an epidemic of small-pox.

M. BARTH has been elected President, for 1872, of the Academy of Medicine, of Paris.

THERE are 550 students in attendance upon the lectures of the Pennsylvania Hospital.

SIXTEEN Japanese students have matriculated this year in Berlin.

M. PAUL DUBOIS, Professor of Midwifery in Paris, and one of the most eminent obstetric authorities in France, died on Nov. 29, 1871, at the advanced age of 76. He held his professorship for 25 years.

A COLLEGE FOR SIBERIA.—A quarter of a million dollars has been placed in the hands of Minister Tolstri to form a University in Siberia.

MONEY RECEIPTS TO FEBRUARY 1, 1872.—Drs. J. H. Judson, $3.00; W. J. Fairman, $6.00; E. E. Kendell, $3.00; S. W. Ranson, $6.00; E. Holdness, $5.00; B. McMannamy, $3.00; C. D. Watson, $3.00; C. N. Cooper, $3.00; H. N. Hurlbut, $3.00; Flood, $3.00; W. H. Cook, $3.00; J. Anderson, $3.00; R. O. Phillips, $3.00; H. A. Hicks, $1.50; T. G. Williams, $3.00; W. W. Grant, $3.00; Jos. Hayton, $3.00; G. O. Bardwell, $3.00; D. L. Brookhart, $6.00; S. Rex Bucher, $3.00.

Original Communications.

A BRIEF SKETCH OF A FEW EXTRAORDINARY SURGICAL CASES.

BY E. R. WILLARD, M.D., WILMINGTON, ILLINOIS.

Continued from page 588, 1871.

Case 5.—Oct. 9th, 1868, I was sent for in great haste to see Mr. J. R., some eight miles distant, who had just been thrown from his buggy, and was reported as lying in an insensible condition, with blood oozing from his month, nose, and ears.

Upon a careful survey of the case, after reaching the house, I discovered an extensive fracture of the left temporal and parietal bones, extending forward about two inches into the frontal bone, accompanied with perfect coma. Pupils dilated, the left more than the right ; and insensible to light, with hemiplegia of the right side ; pulse 40 per minute and barely perceptible. I immediately ordered hot applications to the body and extremities, consisting of sinapisms, friction, and hot blankets.

As there was but slight depression, and no comminution of the bone discoverable near the seat of injury, I thought it best to defer any operative procedure until something more definite could be made out. For this purpose Dr. Heise was summoned to meet me in consultation. Meantime, so soon as reaction had become somewhat established, I bled the patient about twenty ounces ; which produced slight amelioration of the symptoms, so much so as to admit of fluids being swallowed. Upon the arrival of Dr. Heise, he advised a second bleeding, which had the effect of increasing the circulation from 40 to 58 pulsations per minute. Otherwise to keep the bowels open, the urine frequently drawn, and trust to nature.

From this the patient remained in about the same condition for four weeks, when consciousness began to return, and in six months from the time of injury he had so far regained his mental faculties as to be able to attend to most of his business, and the hemiplegia had entirely passed off.

Case 6.—Feb. 14th, 1868, Mr. C., a short, thick-set, muscular Irishman, walked into my office upon crutches, and gave me the following history : Two and a half months previous, while at work in the "B" coal shaft, a large stone from the roof fell upon his back and hips, crushing him to the earth. He was immediately discovered and taken to his boarding house. His friends, thinking that he was not seriously injured, neglected to call a physician, and up to the present time he had not been examined by any one competent to form a diagnosis.

A careful survey of the case revealed a dislocation of the head of the left femur upon the dorsum of the ilium. I made arrangements to have him call the next morning, when, with the assistance of Drs. Johnson and Fox, we would reduce the luxation. After leaving my office, his friends advised him to go to Chicago. This advice he immediately followed. While in Chicago, reduction by manipulation was thoroughly tried, after which "Jarvis's Adjuster" was applied, and the extension continued until, as the patient expressed it, he "thought they would pull his leg off," and all to no purpose. He remained in Chicago under treatment some ten or twelve days, and then returned home as he went, positively assured by those under whose treatment he had been, that the dislocation could not be reduced. From this I lost sight of the patient for some three and a half months, making six months from the time of accident.

Meantime I had talked with the late Dr. Johnson about the case, and had arranged with him to assist in an attempt at reduction, provided we could secure the patient's consent. One morning, when near the doctor's office, we met the man—with his crutches, as usual—and induced him to walk in; when, after a careful examination of the limb, and much persuasion, we obtained his consent to give us a trial.

Drs. Fox and Campbell were called in consultation—the man placed upon his back on a lounge, and brought fully under the influence of chloroform; the leg grasped under the knee and flexed upon the abdomen; the knee bent to a right angle, whereby the leg below the knee was used as a lever, which, being inclined outward by a gentle pressure, caused

the head of the femur to slide around under the acetabulum, and drop into that cavity with an audible snap: the whole accomplished in a very short space of time. After reduction, the patient was placed under the charge of Dr. Campbell, who was attending the miners at the time. From this the patient rapidly regained the use of his leg.

Case 7.—On the 19th of August, 1869, during the horse fair at this place, A. F., one of the riders, fell from his horse, and was struck on the head by the hoof of a passing horse. He was immediately picked up in an insensible condition, with eyes turned up, and spasmodic twitching of all the muscles. I saw the boy in twenty minutes from the accident, in connection with Dr. Lecaron. At this time he was struggling in a violent convulsion. Sinapisms were freely applied to the back and limbs, in connection with warm blankets—and cold to the head—all to no purpose, as the convulsions continued at intervals of from five to ten minutes, and lasted from ten to twenty minutes each time. Upon a careful examination of the head, we discovered a fracture of the left temporal bone, directly over the ear, with free oozing of blood from both ears. No depression or comminution of bone was discovered through the scalp wound some three inches in length over the seat of fracture.

After some time spent in fruitless efforts to relieve the spasms, we bled the patient freely. This only had the effect to slightly lengthen the interval between the paroxysms. Pulse at this time 50 per minute and almost imperceptible. Pupils slightly contracted.

So far, everything tried having failed to relieve the urgent symptoms, we administered ether until full anæsthetic effect was produced. This controlled the paroxysms at once. Finding the effect so perfect, we continued the inhalation for several days, sufficient to keep the patient partially under its influence, and until all muscular twitchings had ceased. Meantime the water was drawn as occasion required, and the bowels relieved by injections. After six days of more or less constant etherization, consciousness began to return. From this time the patient rapidly improved, and in four weeks he was up and so far recovered as to require no further treatment.

Case 8.—A. E., a small, muscular man, of sanguine temperament, while riding home upon the evening of June 30th, 1871, accidentally fell from the top of a double wagon box—about eight feet in height—to the ground, striking upon the back of his head and neck. He was immediately picked up, when it was found that he could not walk, and the bystanders supposed that he was intoxicated, as he could converse as well as usual. He was conveyed to a neighboring house, where I saw him a short time after the accident, lying upon a mattress, with eyes and face natural; pulse normal. Upon extending the examination further, I discovered that all the muscles of the limbs and trunk were paralyzed; that sensation was also gone below the shoulders, and that respiration was entirely performed by the diaphragm. He complained of severe pain in the region of the fifth cervical vertebra, whenever the head was moved, or pressure made at that point.

On the fifth day sensation had slightly returned in the right forearm; on the following day he complained of his right arm being "asleep," and could move the index finger; on the seventh day the abdomen became tympanitic, and the right leg had the same pricking sensation as was felt in the right arm on the fifth day; on the fifteenth day he could move the toes of the right foot, and all the fingers of the right hand. Twenty days from the accident he was able to micturate without assistance. In three months he could move his right arm and leg quite well, and the left leg sufficient to take one or two steps by supporting himself. The tympanites had become entirely relieved, and the bowels moved regular every day without injections.

Treatment consisted in cupping the spine every second or third day, for the first week or two, followed with electricity and strychnia after a few weeks. Meantime the bowels were relieved by injections, and the water drawn whenever (during the early part of the treatment) it was found necessary.

Remarks.—The question naturally arose in

cases five and seven, whether the base of the skull was fractured or not. The prevailing opinion seemed to be that it was, on account of the hemorrhage from the ears, nose, and mouth, together with the other grave symptoms, although the very common symptom of bleeding from the ears is well known not to be a constant one in these cases. Another very important question presented itself in the above named cases, as to whether they would be benefited by trephining. When the extent of injury, and alarming symptoms, are taken into consideration, one would be tempted to operate, although no depression of bone could be discovered, could it be ascertained for a certainty that there was no fracture of the base of the skull, notwithstanding fractures in that region have been proven not to be so unavoidably and uniformly fatal as was formerly supposed to be the case.

BITTEN BY A RAT—ANOTHER CASE.

BY M. REECE, M. D., ABINGDON, ILL.

When reading Dr. Earle's case, reported in the first number of the EXAMINER for this year, I was reminded of several cases of a similar character I have had under my care, and especially of the following one, of which I kept the notes at the time, and which I simply transcribe. It will be observed that there is a considerable degree of resemblance in the general features of the two cases.

June 11, 1866.—Consulted by Mr. S. W., 38 years of age, by occupation a farmer, for a painful condition of the little finger of the right hand. Two weeks ago he received a bite from a rat he had caught by the back of the neck. The bite was through the skin, just behind the second joint. The wound healed, and nothing more was thought of it until four days ago, when it became hot, red, swollen and painful. It now presents the appearance of erysipelatous inflammation. The back of the hand is puffed and inflamed. Within a day or two he has been chilly, with headache, aching of the bones and back; pulse 115; tongue coated; skin dry and hot; eyes red and injected; is in great pain, which commences at the sore on the finger, and extends upwards to the axilla; says he thinks his mind is becoming affected by the agony he is in, and cannot remember certain things he is told to do.

Is to take a cathartic at bedtime, and anodynes frequently enough to relieve pain. Tr. Iodine to be applied to the back of the hand and finger every four hours, and a poultice of Indian meal to envelope the whole hand. Also to take tincture of iron and quinine every four hours. (Quin. sul. ℈ iss., tr. ferri chl. f ℥ i. M. Dose 15 drops.)

12th. Bowels moved last night; has suffered great pain; the affected parts are swollen to a greater extent than yesterday. To take anodynes more freely, and continue treatment.

13th. Still suffering intense pain; pulse 130; finger and hand continue to swell; to-day made an incision into the little finger; a drachm of yellow serum escaped; the incision gave no pain whatever. To continue treatment.

14th. Was sent for in great haste; patient suffering intensely; great difficulty in swallowing; soreness about the muscles of the lower jaw; pain along the back and in the muscles of the thighs; is very apprehensive of some impending danger; has an undefined fear of something he cannot describe; there are many symptoms of tetanus. Applied cloths, moistened with chloroform, to the spine, a blister to the nape of the neck, and gave morphine freely.

15th. Found the patient much better. A mass of dead tissue around the bite, extending in depth to the bone, has almost sloughed away; removed it with dressing forceps and scissors, leaving healthy, granulating edges; the swelling of the hand is beginning to decrease; for the past twenty-four hours has been bathed in a profuse and drenching perspiration.

18th. Again sent for to see the patient. Found him in a condition similar to what he was on the 14th; employed the same means as on the former occasion; the sore on the finger improving.

19th. Better than yesterday, but still bathed in profuse and exhausting perspiration; complains to-day of pain in the axilla; some red points appear over the course of the veins

of the fore-arm, over which tincture of iodine is to be applied; to take anodynes when found necessary.

22d. Still has pain extended upwards along the fore-arm and arm; the glands in the axilla considerably swollen and tender; tincture of iodine to be applied freely from the hand to the shoulder, to the swollen glands, and all enveloped in a poultice; feels very weak; exhausting perspiration continues. In addition to quinine and iron is to have wine freely.

30th. An abscess has formed in the right axilla, which I opened to-day. It discharged two ounces of pus; complains of great pain in the chest; it hurts him to take a deep inspiration; has no desire for food whatever; the place where the bite was made is nearly healed.

It was not until about the middle of July, or more than a month after his attack, that he was able to walk around, and then he was in a very weak and nervous condition, and was very easily exhausted. The sore on the finger healed entirely within two weeks from the time he was taken sick. A great many small pustules appeared along the arm for a few days, and then gradually disappeared.

A prominent symptom, after the subsidence of the more severe constitutional symptoms, was a pain in the chest, beneath each breast; it was believed to be chiefly muscular; this pain was greatly increased upon the slightest exertion; there was always great lassitude in mind and body. He was advised to ride about and take as much fresh air as possible. Being a man of great energy he attempted to to follow the advice, but at first had to lie upon a bed in a wagon, so great was the prostration. By degrees, however, he gradually but slowly gained strength so that he could ride in a buggy, and then on horseback.

Six months afterwards (from the date of his attack) the condition of Mr. W. was as follows: The effects of the bite were still visible in the impaired use of his right hand, and still further in his inability to resume the active duties of his occupation; he was unable to walk rapidly without becoming breathless, and causing violent palpitation of the heart, and his strength so much impaired that he could only lift the lightest weights.

In addition to the above case I will, as briefly as possible, report three others:

B., a young woman, in trying to drive a pig out of her yard, caught it by the ear, when the animal, becoming infuriated, got her hand in its mouth, slightly crushing two of the fingers of the right hand. The fingers were not seriously hurt, but in the course of a week they became badly inflamed. The inflammation extended up the hand and wrist, and was accompanied by severe constitutional disturbance, extending over a period of two weeks.

Mrs. C., in attempting to put a pet squirrel into its cage, was bitten by the enraged animal on the back of the right index finger. Within twenty-four hours there was intense pain in the whole hand and fore-arm, with chills and fever. The hand swelled to a fearful extent; abscesses formed in different parts of it, and the tissues of the bitten finger sloughed entirely. Portions of the flesh on the back of the hand also sloughed out, exposing the tendons of the muscles in that region. Her recovery was long and tedious, and she never perfectly recovered the use of her hand. Two fingers became entirely stiff and useless, and two years ago, upon receiving an injury to the finger that was bitten, she had it amputated, as it was a useless and even annoying appendage.

Mrs. G. left her infant of ten months asleep in the cradle. Hearing it crying she returned to the room, and as she entered the door saw a rat jump from the cradle near the child's head. Thinking the child had only been frightened by the rat, she had no thought of its having been bitten by it. In the course of a few days, however, the child became exceedingly sick. It was feverish, and at a point near the left shoulder there was an erysipelatous blush which extended upwards along the side of the neck. Moreover, near the center of this spot could be seen two little abrasions, each filled with a drop of yellow serum.

The inflammation extended over the whole body of the child; first to the neck, face and head, then downwards to the chest, abdo-

men and inferior extremities. It became badly swollen, and in many parts blisters appeared on the skin. The fluid from the blisters was of a yellowish color, and left a stain upon the clothes it was impossible to wash out.

The child, contrary to the expectation of every one who saw it, after remaining in the condition above described for five days, made an excellent and rapid recovery.

FEMALE PHYSICIANS AND FEMALE RIGHTS.

BY J. O. HERRIOTT, A.M., M.D., VALPARAISO, IND.

On reading the reported discussion of the female physician question, by the American Medical Association, assembled in San Francisco, California, May 2d, 1871, we are prompted to express our humble views on this so-called "vexatious question."

That spirit of disobedience which ruled in the breasts of our first parents, and for which both were cursed, is still rife, and manifests itself in ways innumerable. But now, as in the beginning, woman takes the lead in violating the Divine commands, and breaking those seals which were written and stamped upon her by the hand of the Creator. Any attempt she may make to avoid that curse pronounced upon her as a penalty for disobedience, by transgressing those laws written upon her organization, as precepts for her guidance in conduct and duty, will assuredly bring upon her additional trouble and sorrow.

There are points in the organization of the sexes so nearly alike as to indicate that many actions and duties of life may be performed by either one or the other. Such are the organs of prehension and locomotion; but there are points in the organization of woman which limit her sphere of conduct and action. If no duties separate from those which belong to man had been intended for woman, then she would have taken the full form and organization of man: the type of the one would have been the exact type of the other. But they are different mentally, morally, and physically; and therefore a different class of duties is predicated for them.

This diversity of adaptation of means to an end pervades every department of nature, although our finite minds are not in all cases permitted to perceive it; but in the case of woman the record is so plain "that he that runneth may read." And this principle of nature is recognized and acted upon everywhere by the artisan and mechanic. He who builds a house chooses from the different kingdoms of nature that which best suits his purpose. He knows that wood will not serve the use of stone, nor stone of lead, nor lead of iron or steel; but that each have a sphere of usefulness according to their physical properties; and, if adjusted in the fabric accordingly, they suit the purpose for which they were chosen. But if improperly placed, the fabric would be comparatively useless. And the same principle is manifest and recognized in the case of man and woman. The one cannot take the place of the other in the social fabric, without defeating the great object and end for which they were created and designed. As well might we expect the sun and the moon, having departed from their apparent circuit in the heavens, to produce the regular routine of "day and night, winter and summer, seed time and harvest," as to expect man and woman, having departed from their appropriate spheres in the social system, violating the laws of adaptation and the precepts of nature, to produce order and harmony in the social relations of life.

As respects woman's equality, which she complains is not recognized, every sensible man will grant her full equality with himself. And why should he not? She is a segment of the social circle, without which it cannot be complete. If this circle cannot be complete without both of these, how can we estimate a superiority of one above that of the other? The idea of superiority is absurd.

Let us turn our attention, then, to the more practical part of this subject, and see how this new order of things, which these women would inaugurate, will conform to natural law. By mutual consent, let the present order of things be reversed. Let the females turn into the offices—medical and legal, to the workshops, and to the fields, and let the males turn into the kitchens, the laundries, parlors, etc., there to manage all the af-

fairs of the household, including the care of new-born infants.

But perhaps she may say she does not intend to have any of these latter incumbrances. What then? Has she conceived some new method by which the race is to be perpetuated and preserved, in which she will take no part or lot? a plan of which neither philosophers, physiologists, nor even the Creator himself has dreamed? Let woman reflect that she, and she only, was created and expressly adapted to meet this emergency; and meet it she must, or suffer the penalty of violated natural law. Any effort on her part to evade it will be a vain effort to revolutionize the government of nature, and defeat the design for which she was created. There are times and seasons in the life of woman, when the activity of her peculiar functions will incapacitate her from attending to professional duties, especially if she has a proper regard for her health. What is to become of these duties in the meantime? Can she arrange with her patients to call only when it may suit her health and convenience? This is obviously impracticable as regards the practice of medicine. Or does she propose to abrogate those functions which may interfere with the even tenor of her way? This would be an attempt to alter the designs of the Creator concerning her, and a sad reflection on His wisdom and goodness in making her a woman.

Why she should desire to forsake her own sphere, and seek pursuits incompatible with her nature and organization, is very strange indeed, and looks very like fault-finding and ingratitude towards her Maker. It can only be accounted for by the false estimate she makes of her own dignity and importance in society. She must either undervalue her own qualifications, as being inadequate to fill the place designed for her, or that it is inadequate for the exercise of all the gifts bestowed on her.

It is often asked, What is woman's sphere? In answer to this, we reply, that to specify every act which woman may do or not do, would be an almost endless task. Her organs of prehension and locomotion give great latitude for her conduct, but there are peculiarities in her organization which limit her actions and duty to the domestic circle. This is the star by which she is to be guided in the proper direction of duty and conduct. Her mission as wife and mother are specific: the perfectly helpless and dependent condition of the period of infancy is alone sufficient to limit her conduct and duty to this circle. She is its "guardian angel," and to engage in any pursuit which might interfere with the duties she owes to it, will be detrimental to her own best interests, the interests of her household, and that of society. And this circle is amply spacious for the exercise of all those gifts and graces which the Creator has bestowed upon her. The modeling and giving tone to society, which has its origin in this circle, give ample scope to signalize herself and give her notoriety. Many, very many, great men in this and other countries, have attributed their greatness and success to the early training of their mothers. This alone without a thousand other considerations, ought to be sufficient to assure her of the honor and dignity of her station, and to reconcile her to it.

Is the practice of medicine, and some other pursuits, to which many women of the present day are aspiring, compatible with the dictates of nature, and calculated to elevate her in the scale of importance, and make her more honored, loved and respected? No. The hopes she entertains on this subject are false hopes, based on false premises. Water will not run up hill. Would an urgent summons at the hour of midnight, in a rain or snow storm, to attend the sick, be compatible with her own health and safety during the activity of the function of menstruation? Would a summons, while she herself is in a state of gestation, to attend a sister at parturition, be compatible with the safety of her own life and health, and the normal development of her fœtus? Is the period of lactation, a period specially dedicated by nature for the exercise of natural affection, a proper time for her to attend to the professional wants of others, and thus repudiate and crush that sacred principle, by neglecting the

wants of her own household, and the fruit of her womb? Common sense will answer to all these questions, emphatically, No! Would the life of a soldier, a sailor, a midshipman, a surgeon or a general, and many other pursuits which we could point out, and which require much bodily as well as mental vigor, be appropriate pursuits for her beautiful and delicate organization? And above all, would they be compatible with that modesty which is the crowning glory of her sex? We leave the answer to the instinctive feelings of every sensible man and woman.

If woman has a right to engage in any pursuit for which she is not by nature adapted, she has a right to all the pursuits which belong to man. But the moment she assumes this responsibility, she will perceive a gradual alienation of the heart and affections of man from her; and she will perceive, also, that she is regarded more as a convenience than an ornament or accomplishment of society. Soon man will neglect or refuse to pay those tributes of regard, courtesy, kindness, and protection, and he will plausibly and effectually excuse himself by saying that, as she has assumed the responsibility of being her own man, she has forfeited all claims upon his gallantry. Thus that delicacy and refinement of feeling which has always existed between the sexes in a highly cultivated state of society, and gives zest and charm to it, will gradually become obliterated.

Woman's lot in this life is a hard lot; but not more rugged and arduous than that of her brother, eating bread "in the sweat of his face," and waging war with the thorns and the thistles that grow up in the pathway of life, while the multiplying of "sorrow and conception, and bringing forth children in sorrow," are "the portion of her cup." These are the conditions of their lives, and each are equipped and adapted by nature to meet these conditions, but neither can lay down their armor, or exchange it for any other, and meet the struggle of life successfully.

There is no nation on the face of the earth where woman is more loved, honored, and protected, by law and common usage, than in our own country; and if woman is dissatisfied with this tender regard manifested for her, and is determined to urge this departure, and forfeit this protection, courtesy and kindness, she will interfere very much with her own happiness and comfort, and tarnish her dignity and honor. It will beget a coarse community of sentiment and conduct between the sexes repugnant to the feelings of every virtuous and refined mind.

In those countries where woman is forced from the sphere which the Creator designed for her, and made an abject slave, and man is "lording it over God's heritage," as among the North American Indians, and in India, there is nothing but degradation and misery of both sexes.

It is very gratifying to be able to say that it is not the best part of female society who sanction this departure, but only those who are ambitious of notoriety, but have not talents to signalize themselves in their own appropriate spheres. The most dignified part of female society reject with scorn and contempt the whole thing. And it gives us equal pleasure to be able to say that we have never known an instance where man has tried to signalize himself by acting the part of woman.

What we have said on this subject we consider sufficient to demonstrate that the dictates of nature, as exhibited in the organization of woman, is antagonistic to her practising medicine, and many other pursuits to which she aspires.

How, then, shall we treat these would-be female physicians? Shall we recognize them as co-laborers in the practice of medicine? We answer, emphatically, No! We cannot encourage them in any course which would do incalculable injury to themselves and to society at large.

> Our mother Eve was made for man,
> Though not to be his slave;
> But helper and his solace be,
> While traveling to the grave.

This view of the subject will, no doubt, be considered by some as ultra, and applicable only to the body physical, and not to the body social. We answer to this that the body physical and social are almost exact

types of each other, and that the body social is as sensitive to abnormal departures from propriety and rectitude as the body physical is to departures from the standard of health. At first the cause of the departure from the standard of health may be so slight as scarcely to be seen or felt; yet, by sympathy of the other organs of the body, a tumult and turmoil may be raised sufficient not only to threaten, but destroy, life. And so it is with the body social: an error or evil may be introduced into society, at first apparently so slight and trivial as not to be seen, or its evil effects appreciated; yet, by its presence and affinity for other errors and evils, may raise a tumult and confusion sufficient not only to threaten but destroy the good order and harmony of the body social.

That females have a capacity to comprehend the science, and skill to practice the art of medicine, we have no doubt. But this has nothing to do with the question. The question at issue is, should a woman forsake her womanhood, and engage in pursuits which would interfere with the duties she owes to the domestic circle, and thus produce confusion in the social system?

Man has as much right to invade woman's territory as she has his; but the truth is no right exists on either side. For he is no better qualified to fill her place than she is to fill his, and according to the designs of nature the good order and harmony of society require each to do their own appropriate work.

The idea of females practising medicine being in accordance with the laws of her organization, and compatible with the duties she owes to her household and society, and calculated to promote her true interests and happiness, is a false idea, a false conception, and would have properly disposed of itself ere this time if left to its own tendencies. But since its inception, false modesty, false courtesy, and false philanthropy, on the part of medical men, have been the pabulum of its life and growth. Without these it never could have attained its present magnitude, which now calls for medical legislation.

Many medical men, without examining its true merits and incompatibility with the precepts of nature, have taken their position "on the rail," where they can easily change attitude without changing base; sometimes with both legs on one side "the rail," and sometimes on the other, as may best suit the complexion of popular sentiment. But when a doubt arises which side may prevail or be victorious, we find a leg on each side "the rail." This was the ridiculous position of some professed patriots during the time of the southern rebellion. In the latter case the rebellion was against the constitution and laws of the nation; in the former against the constitution of woman and the laws of nature.

> Man's mind is weak at best estate,
> But some there are who would be great;
> But then, alas! we see how frail
> They look when "sitting on the rail."

It is surprising to contemplate the different views which different men entertain on this subject. Some medical men in good standing in the profession, and some in high places, regard it as a normal movement, calculated to elevate woman in the scale of importance. This view necessarily implies that she is degraded and down-trodden. If this were really true, the appeal to elevate her would be just and proper; but to elevate her to positions for which she is not adapted and ordained by nature, reminds us very much of a method they have in these days, of elevating culprits above a crowd of spectators, with a rope round their necks—elevating them to death or ruin. Others view it as a dangerous kind of complaint which has crept into the body social, uncertain as to crisis, but threatening the life and health of the profession; and are therefore treating it with "placebos," the composition of which is largely "neutral mixture." Others, again, we are pleased to say, are treating it on its true merits, by saying to woman, "I can't do your work, and you can't do mine."

What we have said on this subject, we believe to be in strict accordance with the mental, moral, and physical teachings of the organization of woman, and in consonance with the best interests of society.

THE
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EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, February 15th, 1872.

EDITORIAL.

DIAGNOSIS OF SYPHILIS BY THE MICROSCOPIC EXAMINATION OF THE BLOOD.

The Boston *Med. and Surg. Journal*, for Feb. 8th, 1872, contains the following letter from James R. Chadwick, M. D.:

VIENNA, January 12, 1872.

MESSRS. EDITORS:—I have just returned from a meeting of the "Gesellschaft der Aerzte," at which was announced a discovery of the most stupendous importance. I am eager to be the first to herald to the New World through your pages, the greatest success—I may venture to say—as yet achieved by the microscope, to-wit, the certain diagnosis of syphilis. I will give briefly, from memory, the course of procedure which led to this grand result, having first recorded the name of the propounder of the new theory as Dr. Lostorfer. Wishing to make a series of examinations of blood from syphilitic patients, Dr. L. applied to Prof. Zeissl, in August last, who at once placed his wards at the service of the investigator. The manner of conducting the researches consisted in taking a drop of blood, placing it immediately between a slide and covering glass, then setting the specimen under cover. A large number of slides were thus prepared, and daily examined microscopically with a No. 10 immersion lens, Hartnack. The first two days nothing abnormal presented itself; but, on the third, minute shining bodies were discerned, which grew from day to day, until they attained the size of red blood-corpuscles. The shape was, in most instances, round, but modifications of that form were here and there noticed; they were all, however, provided with tapering processes or "sprouts." The number of these corpuscles to be seen at one time within the field of the microscope was variable, amounting in only one specimen to fifty. A month later these objects were still visible. A solution of sugar, as well as several other solutions, caused them to shrivel up, become, as it were, folded upon themselves, lose their shining aspect, and cease to grow. Cold was also found to affect their development, inasmuch as a temperature below 10° Reaumur (54° Fahr.) put a stop to all growth.

To prove the connection between these bodies and syphilis, very many experiments were made with healthy and diseased blood, and the diagnosis confirmed beyond the possibility of doubt.

Blood was then daily examined while the patients were undergoing treatment with mercury (einreibungen), and, after a certain time (in one case twenty-five days), during which the number of corpuscles was steadily decreasing, they had wholly vanished from the field. After these experiments, Dr. Lostorfer submitted himself to Prof. Stricker, and later to Prof. Hebra, to have his power of diagnosticating syphilis, by the microscopic appearances of the blood, put to the test. On various occasions he received from them numbered slides with blood of syphilitic and non-syphilitic individuals. To their astonishment, he unerringly selected from the preparations those where the blood was tainted with syphilis, with the exception that on certain slides the blood was pronounced to be in a condition allowing of no conclusion being arrived at.

The discoverer gives the name of syphilitic corpuscles to these bodies, which, he said, must originate in one of two ways—either from germs always present in the blood, but stimulated to growth by the syphilitic virus alone, or from such introduced bodily into the blood at the time of infection.

In conclusion, he read the records of a number of cases with his microscopic observations of the blood from day to day. As Dr. Lostorfer ceased speaking, a burst of genuine enthusiasm escaped from the assembled physicians, while Prof. Skoda rose to greet the hero of the evening, as the proclaimer of what was destined to prove one of the most important discoveries of the age. He regretted that it was not customary in Austria to give medals or other rewards of merit in such cases, stating that, had this statement been made in Paris, he would have been crowned, as he deserved.

Prof. Stricker detailed the precautions taken to avoid error or deception in each of the trials to which Dr. L. was subjected. The latter's selection of diseased blood was always correct, and decided, except in the few ruined specimens. To ensure the purity of the healthy blood, he had taken his own and that of his servant. After a while, Dr. L. distinguished between these two, inasmuch as the professor's was thicker and "dirtier."

Prof. Hebra confirmed all that had gone before, and said he had been so much struck

with the discovery, that Prof. Stricker's blood "contained more filth (schweinerei) than that of any other living man," that he had instituted researches for similar peculiarities among his patients, but, thus far, without result. No words are needed to show the immense field for research, thus suddenly thrown open to investigators, nor can the practical results, likely to proceed from this study, be overestimated. Microscopes all over the world will now be turned toward these new constellations, and their every freak recorded.

Theories of unity and duality will soon cease to vex the earnest student and practitioner, and half the skill and learning of dermatologists is made of no value by this simple and certain indication of the presence of the syphilitic virus. The testimony of two such renowned and incredulous men as Professors Stricker and Hebra is a convincing proof that these corpuscles are not bubbles to be pricked by the next impertinent microscopist. I trust I have not omitted nor misstated any of the points of Dr. Lostorfer's paper, but if so, will send you in expiation of my offence a copy of his article as soon as printed.

Some several years ago a certain Prof. J. H. Saulsbury, of Cleveland, Ohio, announced *a wonderful discovery.* In making some microscopic examinations of syphilitic blood he had found a characteristic living organism, by the presence or absence of which he was able to distinguish, with certainty, the tainted from the healthy blood. In a number of tests applied similar to those described in the above letter, he did seem to make the distinction with ease. He described the objects as round or ovoid bodies with projecting sprouts, etc., very similar to the above. The announcement attracted considerable attention in this country, at least, and a number of our leading microscopists undertook observations with a view of confirming the discovery. Among others, Prof. Freeman J. Bumstead, of New York, had a number of observations made under his direction. Much to the delight of the observers, the wonderful organisms were found to make their appearance in abundance in the blood as soon as it had stood for the requisite time, two or three days; but strange to relate, when the same observations were extended to the interns nurses, assistants, etc., about the hospital the same objects were found to be equally abundant in their blood. Of course, this proved nothing more than the general bad character of hospital employees! Prof. Bumstead, however, we believe was perverse enough to state it as his opinion that these organic growths or sprouts had no connection whatever with syphilis, but were the mere products of decomposition — just as sure to appear in the healthy as the tainted blood.

We record these facts for the enlightenment of our German brethren, and also for the information of the writer of the above letter, who, although an American, seems to be equally unaware of the important fact that we have microscopes and microscopic observers here in this benighted land.

Dr. Lostorfer may, perhaps, have discovered something new—we think more likely, however, that he has merely rediscovered the organisms previously described by Dr. Saulsbury. We shall wait, at any rate, for some further confirmation of the discovery before giving entire credence to it, and, in the meantime, before heralding his own ignorance, with such a grand flourish of trumpets, to the profession throughout the country, would not the author of the above letter have done better had he been sufficiently informed to announce to the German Savans the important fact that this supposed great discovery had probably been already forestalled in his own country?

Alumni Meeting.—The Alumni of the Chicago Medical College will hold their Annual Reunion in the College building, corner of Prairie ave. and 26th street, on Tuesday, March 12th, 1872, at 10 A. M. All Alumni of the College are invited to be present.

Carbolic Acid in Gonorrhœa.—Mr. John Ashmead states that he has been using, for the last five months, carbolic acid in combination with glycerine and tannin, as an injection in cases of gonorrhœa, and has found it quite as efficacious as Mr. Wood described in a former contribution. The formula employed consists of eight grains of carbolic acid, eight grains of tannic acid, half an ounce of glycerine, and water to one ounce. It appears to act as an antiseptic, arrests the discharge, and shortens the course of the disease.

Correspondence.

THE ALLEGED VACCINAL SYPHILIS IN THE 16TH ILL. INFANTRY.

DOCTOR DAVIS:

My Dear Sir — I have heard several times during the past few years, that the 16th Ill. Infantry, during the war, were infected with syphilis from vaccination, and I determined to find out definitely about the matter, as soon as I could ascertain any proper and reliable authority to apply to. I hand you herewith two letters from Dr. Louis Watson, late Medical Director of the U. S. forces at Nashville, Tenn., under whose notice these cases were brought, and he certainly seems to know whereof he speaks. You can use the correspondence if you think it of any interest to your readers. Respectfully yours,

CHAS. GILMAN SMITH, M.D.

100 16th st., Feb. 10, '72.

TOPEKA, KAN., Jan. 18, '72.

CHAS. GILMAN SMITH, M.D.:

Dear Sir — Your letter of the 6th inst., addressed to Quincy, has been forwarded and is just received by me. You inform me that you "have heard that the 16th Ill. Inf. and some other regiments with whom I was connected during the war, were infected with syphilis from vaccination," and inquire "if this is really so?"

Certainly not. Such a report, whether originating from privates, officers, or even medical officers, has no foundation in fact. While Med. Dir. of Post forces at Nashville, in 1863, some of the members of the 2d Reg. Middle Tenn. Inf. were vaccinated from a *scab* obtained from the Med. Purveyor there. Some of these vaccinations were *followed* by "bad ulcers," not all of the same character, and which were more or less difficult to heal. Some were large, with destruction of cellular tissue beneath the cutis, but no more syphilitic than hospital grangrene.

Some of the 16th Ill. Inf. at Rossville, Ga., had ulcers following vaccination. The Reg't was then in charge of the Ass't Surg., Dr. Truat, a young man; not a graduate in medicine, still, a very worthy, careful, and judicious physician, and who, withal, had an earnest desire to improve himself in his profession. He was much perplexed in the treatment of the cases, and much annoyed by the declaration of certain medical officers of the Brigade, that "pox" had been communicated by vaccination. In consequence he corresponded with me, receiving my opinion and advice. He kept notes of cases and reported them to me.

Many of the Med. officers among the Volunteers were deficient, not only in education, but in experience. Some knew very little of the progress of a proper vaccine pustule. Many knew *less* about syphilis, whether primary, secondary, or tertiary, and their opinions, even if honestly given, were of no value. There were others whose education and character, or standing, ought to give weight to their opinions, who pronounced these ulcers syphilitic. But for the most part they were off-hand opinions, given without due examination and attention to the progress and *termination*. I am firm in the belief that there was no syphilis in any of these cases; though my opinion, to begin with, was that *syphilis* was not communicable by vaccination (indeed not by inoculation, except from primary ulcer). I do not deny that a vitiated ulcer may be produced, but that such ulcer is SYPHILIS; syphilis being a specific disease and having laws directing its progress, etc. Still I think I was competent to form, from my observations, a reasonably correct opinion.

My reply is unnecessarily long. It might be much longer by my going into statement of cases. But you have my answer. You can use anything herein in any manner you see fit; but as this letter is hastily written you should treat it accordingly.

Very respectfully,

LOUIS WATSON, M.D.

P. S.— If you can conveniently obtain some genuine vaccine virus to send me I would be much obliged for the same. A *recent* crust will answer my purpose. I am disposed to object to *revaccinations*, mainly for the reason that the profession in general do not make distinction in selecting and distributing virus — using lymph or crust obtained from pus-

tules arising from *re*-vaccinations — and from this cause I believe it happens that vaccination is not so protective as formerly. One *good take* of the *true Jennerian virus* being sufficient for a lifetime as far as respects all practical purposes. Nearly, if not quite, all of the bad cases occurring in the 16th Ill. Reg't were revaccinations ! ! L. W.

Dr. Louis Watson, Topeka, Kan.:

My Dear Doctor — I do not agree with you that syphilis can never be conveyed by vaccination, though I am well aware that it is not so conveyed in one out of ten thousand of the cases so reported among people generally. It happens, I think, occasionally, when in vaccinating with the scab, taken from a syphilitic subject, some of the pus or dried blood on the scab is inserted with the true vaccine matter. I have never seen anything of the kind myself, but I think there is good authority for such a statement. If I had not lost my entire library by the fire, I could give you a good many references to such authority. I recall only one now. In the article on Vaccinia, in "Lawrence Smith on Children," you will find as eminent and trustworthy an observer as Dr. Alonzo Clark, of New York, quoted as having seen such cases.

With regard to the communication of syphilis from anything but the primary ulcer, which you allude to casually, I think all the authorities agree that it can be communicated from secondary manifestations, more especially from mucous patches, which, from their profuse secretion, seem to be one of the most common sources of infection.

But this is not what I wished to speak about particularly. I only wished to ask if you had any opportunity to watch these army cases afterwards, more especially after two months subsequent to the vaccination? Did any of these subjects who had the ulcers, have general eruption on the skin, sore throat, coming out of the hair, iritis, or any of the well-known manifestations of syphilitic infection, coming on two or three months after they were vaccinated? If you could give something more explicit on these points — something of the subsequent history of the patients, I should be very glad to have it.

Yours respectfully,

Charles G. Smith, M.D.

100 16th st.

Topeka, K's, Feb. 5th, '72.

C. Gilman Smith, M.D.:

Dear Sir — I have delayed replying to your letter of Jan. 24th without an adequate excuse. In reply to your questions in regard to the appearance of secondary or tertiary syphilis subsequent to the vaccinations alluded to, I would state that I cannot report as to the Tenn. Reg't, but as to the 16th Ill., from my own observations for the period of one year, (and of some of the subjects up to last April,) and upon the authority of Dr. Truat, the Ass't Surg., who had charge of the Reg't up to Nov., 1864, I am positive that no such symptoms occurred, which could with any sort of propriety be attributed to those vaccinations. We had *very little* true syphilis in our portion of the army, gonorrhœa and chancroids being the principal venereal diseases. The question whether syphilis could be communicated or transmitted by vaccination was discussed in the Adams Co. Med. Society about eighteen months ago, at which time Dr. H. W. Kendall of Quincy was to have taken the affirmative, he claiming that he had seen it in the army. He was surgeon of the 50th Ill. But, as he did not appear at the discussion, appointed for two meetings at his request, I do not know what the character of the evidence he intended to submit might have been.

From the various sources whence the vaccine material was obtained, and the fact that true vaccinia as well as these bad ulcers, suppurations, etc., would follow its insertion, I infer that the bad results were the consequence of a cachexia existing in the subjects. What the cachexia may have been I do n't know, but I suspect scurvy. There were some half dozen unequivocal cases in the 16th at that time, and Dr. Truat told me that full half of those up at "morning call" had swollen and tender gums. If we had reports of similar results of vaccination on shipboard, during a

long voyage, I might be confirmed in this opinion. As *all* the cases in the 16th were revaccinations, I do not know but this circumstance might have something to do with it. On the subject of the transmission of disease by vaccination, there was a prolonged discussion in the Imperial Academy of Med. of Paris during the fall of 1870, the result of which is allnded to in the "N. Y. Med. Journal" of Jan., 1871, quoting from "Le Union Medicale" of Sept. 9th, '70. The decision was in the negative.

I thank you for the reliable vaccine virus you sent me. Very respectfully yours,

L. Watson, M.D.

Society Reports.

MINNESOTA STATE MEDICAL SOCIETY.

The fourth annual meeting of the Minnesota State Medical Society was held in St. Paul commencing Monday, Feb. 6th, 1872. About sixty members were in attendance, and the reports and papers read were of an unusually interesting and important character.

Dr. C. Hill, from the Committee on Medical Jurisprudence, made a report in which he maintained that when a medical man was called to appear as a witness to give his opinion as an expert, he should be paid a suitable fee for the same. The paltry sum paid to witnesses generally was undignified, and the whole medical fraternity ought to set its face against testifying for such a sum.

Dr. C. N. Hewett presented an interesting report from the Committee on Surgery.

Dr. A. J. Stone, for the Committee on Medical Education, presented a highly important report, in which the following recommendations were embodied:

First. The appointment by each State Society of a Board of Examiners, who are to examine such person who desires to study medicine; and that the standard of qualification shall be as high as that of any literary institution.

Second. That no person shall be received as a student in any medical college or by any physician, till he can furnish a satisfactory certificate from some literary or scientific institution of known good standing.

Third. That each college adopt a progressive course of study, of four years duration, to be divided into four yearly courses, each year to be divided into two terms of not less than sixteen weeks each, with an examination at the close of each year.

Fourth, makes provisions for entering an advanced class. The whole senior must be spent at the college.

Fifth, points out what studies should be pursued.

Sixth, makes provisions for a faculty of a dozen full chairs.

Seventh, provides for an adjunct faculty to teach enumerated studies.

Eighth, declares that the medical department should be located in the largest medical center of the State, without reference to the other university buildings.

Ninth, provides for the granting of the degrees of M.B. and M.D.

The report declares that as to fees it is as much the duty of the State to furnish a free professional education to the children as it is to offer a free classical, scientific, or agricultural one. If there are to be fees they should be fixed at the lowest possible amount.

The twelfth recommendation is the most significant. It is that the State Normal Board be empowered to employ some regular physician to give instructions, so far as is practicable, during each session of each Normal School, in the rudiments of Anatomy and Physiology, and that all Superintendents of schools employ some regular physician to perform the same duty in each of the district and graded schools in the State.

The following reports were also read during the first day's session: Report of the Committee on Climatology and Epidemics, read by Dr. Sweeney; A Report upon Ulcers, by H. H. Kimball, M.D., of Minneapolis; an interesting report on Obstetrics and Gynaecology, by W. L. Lincoln, M.D.; and a report on Materia Medica, by Dr. W. F. Hutchinson.

The retiring President, Dr. Franklin Staples, delivered an eloquent address on "The Duties and Obligations of the Medical Profession."

The election of officers for the ensuing year resulted as follows: President — W. W. Mayo, M.D., of Rochester; Vice Presidents — W. W. Sweeney, M.D., Red Wing, S. C. McCormick, M.D., Duluth, W. L. Lincoln, M. D., Wabashaw; Treasurer—S. B. Sheardown, M.D., Stockton; Secretary — Chas. E. Smith, M. D., St. Paul.

At the evening session the following resolution was introduced by Dr. Adams:

Resolved, That the Legislative Assembly of the State of Minnesota is hereby respectfully requested to pass a law legalizing dissection by the medical profession of the State of Minnesota, and that the Secretary of this Society be directed to deliver a copy of this

resolution, with the seal of the said Society, and the signatures of the proper officers duly affixed thereto, to the Judiciary Committee of the Assembly.

Dr. Stone reported that the Committee on Anatomy had arranged with Representative Sabin to introduce a bill to legalize dissection. The matter would be brought before the Judiciary Committee at its next meeting, and there was little doubt but that satisfactory arrangements would be entered into.

At the opening of the second day's session Dr. Mayo, the newly-elected President, delivered a highly interesting and appropriate inaugural address. The Annual Essay was then read by Dr. Levi P. Dodge, and also an interesting report upon Small Pox by Dr. Hagan.

In the evening the members of the Society and invited guests assembled at the Merchant's Hotel to partake, at the invitation of the Ramsey County Medical Society, of a sumptuous banquet.

The highly prosperous and satisfactory condition of the Soceity is shown by the following statements taken from the address of the retiring President, Dr. Staples:

As members of the Minnesota State Medical Society we may congratulate ourselves upon the prosperous condition of our Society. Although our present organization has had an existence of only three years, its membership now numbers one hundred and forty-three, twenty-three new members having been added at the last annual meeting, and fifteen at the last semi-annual meeting.

We have to record the death of two members during the year, that of Dr. E. Herman Smith, the former efficient Secretary of this Society, and Dr. Perry Chamer. Dr. Smith died at his family home in Connecticut, on the 12th of February last, of phthisis pulmonalis. He was greatly beloved by his professional brethren, and a worthy member of this Society. Dr. Chamer, although a worthy and esteemed member, was less known to the profession of the State, having been elected a member of our Society at the meeting in June.

Owing to the character of the men who make up the regular medical profession of Minnesota, our State Society has to contend less with the obstacles in the way of progress than the societies of some of the older States.

Looking from the standpoint from which I have been permitted to observe this Society during the past year, I have beheld only a united, harmonious, and active membership of intelligent and educated physicians.

The number of standing committees as created by the constitution are, of course, the same as in former years.

Four new special committees have been added to the number of last year, making the whole number, at present, nine, whose reports you have heard.

Omaha Medical Society.—At the annual meeting of the Omaha Medical Society, held on the evening of Feb. 13th, 1872, the following officers were elected for the ensuing year: President—H. P. Mathewson, M.D.; Vice Pres.—R. C. Moore, M.D.; Recording Sec'y—Geo. Tilden, M. D.; Corresponding Sec'y—M. T. Anderson, M.D.; Treasurer—H. R. Benjamin, M.D.

Gleanings from Our Exchanges.

Fungus as a Cause of Whooping-Cough.—The germ theory of disease, which some pathologists seek to extend so widely, has been applied by Dr. Letzerich to explain the extremely infectious disease, whooping-cough. He thinks he has discovered a form of fungoid growth which vegetates in the epithelium of the air-passages, and by its irritation produces the convulsive attacks of coughing. The expectorated mucus in patients suffering from this disease is said to contain masses of brownish-red spores with occasional threads of mycelium, which in later stages of the disease become very abundant. The spores are colored blue by iodine and sulphuric acid. These observations were controlled, first, by cultivation of the spores on pieces of bread soaked in milk, and further, by introducing masses of the fungus growth thus obtained into the tracheæ of young rabbits. This was effected by tracheotomy; but the animals rapidly recovered from the effects of the operation, and in a short time became affected with a cough of a very violent and noisy character—in fact, a genuine whooping-cough. The rabbits thus affected were killed, and their air-passages and lungs found to contain an enormous quantity of the same fungus as that met with in the sputa from human whooping-cough, and, in fact, the mucus expectorated by the rabbits showed precisely the same appearance.—*Half-Yearly Abstract.*

Chloral-Hydrate in Tetanus Monatorum.—Widerhoffer, of Vienna, showed lately to his class a child three months old, which was attacked by *tetanus monatorum* at the end of the first week after birth, and was treated with chloral-hydrate in doses of one and two grains at the time of each onset of convulsions. It was in danger for a fortnight. During the intermissions of the spasms it was fed from the breast by its mother. It is now

a fine, healthy-looking child. This is the sixth case (out of ten or twelve) that Dr. Widerhoffer has had recovered under treatment by chloral; under all other methods all his other cases died. Considering that Vogel and other German authorities on children's diseases had until quite recently never seen a case of this affection recover, such a success may be taken to indicate a real advance in therapeutics. Dr. Widerhoffer gives from two to four grain doses of chloral by the rectum, if the infant cannot take it by the mouth.—*Lancet.*

Prepared Collodion for Fractures of the Ribs.—M. Dumas, in the *Montpellier Medical*, summarises in the following manner the rules for the application of this preparation. The substances required, are:—

1. Three pieces of thin muslin of the same breadth from the sternum to the spine, and of a length stretching from the top of the thorax to the second rib below the fracture. If the last rib is fractured, we must make the preparation come down two or three finger breadths on the abdomen, and dispense with reaching the top of the chest. We can, according to the case and the subject, augment the number of muslin, and, of course, of the layers of collodion.

2. Collodion *vieine* as fresh as possible. Mode of application: Apply alternately a coating of collodion and a piece of thin muslin impregnated with this liquid, and reunite the whole by a thick bandage. For that, an assistant is indispensable, for the collodion dries so rapidly that the one who lays on the coatings cannot occupy himself with the *pose* of the muslin.

The author cites two cases, one of which is very curious: the union, retarded by hypertrophy of the heart, had not taken place at the twenty-fifth day. The collodionised preparations assured the formation of callus in a month. In the first case the relief was immediate.—*The Doctor.*

A Lesson for the Day.—The sympathetic influence of the outcries of labor upon pregnant women is well known. In lying-in hospitals it is not unusual for one noisy patient to bring down several others. Even old nurses, long past the climateric, will hold their breath and bear down in sympathy with the expulsive pains. Stock breeders have to guard against this tendency, for sometimes a whole herd will abort after one of their number has dropped her calf.

According to M. Sue (*Essais historiques sur l' Art des Accouch.*, vol. i. p. 599), a midwife, well advanced in pregnancy, while in attendance on a lady of Padua, was herself suddenly seized with the pains of labor. The housemaid, summoned from the basement,—not without many screams, we presume,—pluckily laid down her broom and made shift to deliver mistress and midwife. Unfortunately, she placed the infants—both of the same sex, as bad luck would have it—in the same cradle, where one of them was shortly afterwards found dead. As neither of the women could make out a clear title to the survivor, much wrangling and bad blood resulted.—*Ibid.*

Criminal Abortion.—Ely Van De Warker, M.D., Syracuse, N. Y. (*Jour. Gynæcological Society of Boston*), says that the practitioner ought to bear in mind that instrumental abortion, procured with malicious intent, presents almost always features of malignancy. It is isolated by these features from other accidents of the puerperal state. The innocent abortion is preluded by nature with organic changes which fit the womb for the expulsion of its contents. In the forced abortion demands are made upon a healthy organ for it to instantly violate the laws of its physiologieal action. This he believes to be the key to the difference between the two cases. —*Med. Record.*

Injection of Alcohol into Cysts.—At the Paris Surgical Society M. Monod lately related some cases in which, after withdrawal of a portion of the fluid from cysts, he injected a little alcohol. The first case was that of a large cystic goitre. One injection greatly diminished the size, and a second, made a fortnight later, completed the cure in a month from the first operation. He was more successful still in hydrocele. The process, he says, does not destroy the tunica vaginalis, but restores it to a normal condition. The alcohol effects a change that enables absorption no longer to be overbalanced by secretion. M. Monad thinks this method of treatment applicable to ovarian and other cysts.—*Ibid.*

Bromide of Iron.—This remedy is advocated by Dr. N. H. Norris, of Beloit, Wis. (*North-Western Med. and Surg. Journal*), as nearly a specific in involuntary seminal emissions and spermatorrhœa. He has administered it three times daily, an hour before or after meals, in doses of from three to five grains, rubbed up in a little syrup.

Prof. Namais (*Practitioner*) states that this remedy corrects defective formation of blood, quiets nervous excitation, and produces the combined effect of iron and the bromides. He regards bromide of iron as being in many instances a therapeutic agent of superior value in epilepsy even to the bromide of potassium. —*Medical Record.*

Ovariotomy Successfully Performed in a Child 6 8-12 Years Old.—Dr. J. Ewing Mears, Philadelphia, (*Phila. Med. Times*), records a successful case of ovariotomy in a child six years and eight months old, which was performed by Dr. W. B. Barker, of Higginsport, Ohio, assisted by Drs. J. J. Bradford and T. S. Bradford, of Augusta, Ky. It is believed to be the earliest age at which the disease is known to have been developed.

Dr. Atlee informs Dr. Mears that in his experience, embracing two hundred and forty-four operations, the youngest age at which he has performed the operation is sixteen years.

Preserving Vaccine Virus.—Dr. D. B. Hillis (*The American Journal of Dental Science;* from *The Pharmacist*) recommends the preservation of vaccine virus between layers of dental red rubber, and says that for several years past he has used no new matter, but has, for the sake of experiment, drawn from the stock originally put up as described. He has always found it effective without paying any regard to temperature. A short time ago he successfully vaccinated a patient from a crust which had been laying about his office twenty-seven months.—*Phil. Medical Times, Dec.* 1, '71.

Fractures of the Femur and Lower Extremity.—Dr. Stromeyer (*British Medical Journal*), in his ambulance at Floing, close by Sedan, where a good deal of hard fighting took place, treated then thirty-four fractures of the femur, and in twenty-four there was a prospect of cure. Four were doubtful cases, and only six died. His table of results in fractures of the leg is also very satisfactory. out of thirty-one fractures of tibia and fibula, or both, caused by gunshot injury, only three died, while the result was doubtful in six instances.—*Medical Record.*

The Prophylaxis of Vaccination.—The protective influence of vaccination is illustrated nowhere more conclusively than by the following facts:

Before the year 1829, according to M. Levy, the ratio of deaths from variola and varioloid in the French Army per 1000 deaths from all causes was 39. After new instructions by the minister of war requiring general revaccination the proportion of deaths fell to 17.5 per 1000 deaths from all causes.— *Bartholow's Jewett Prize Essay*, 1869, *p.* 59.

Excision of the Knee for Disease.—According to John H. Parker, M. D., Surgeon to the Episcopal Hospital, Philadelphia, (*Phila. Med. Times*) seven excisions of the knee have been performed within the past two years in the city of Philadelphia. They were all, like his own two cases, satisfactory so far as the local treatment and its effects were concerned. He regards this procedure as one deserving of further trial at the hands of American surgeons, although, heretofore, it has found less favor in this country than abroad.—*Medical Record.*

Whooping-cough and Cod Liver Oil.—Several cases of whooping-cough that came under the professional care of Mr. J. Prestwich, Oldham, have been treated by the administration of cod-liver oil, in drachm or two drachm doses. Mr. Prestwich states that, in the three specimen cases submitted, improvement was marked and recovery unretarded, although in one of these cases the little patient had suffered for nine months prior to the cod-liver oil treatment.—*The Doctor.*

Traumatic Tetanus Cured with Hydrate of Chloral.—J. Snydam Knox, M.D., of Somerville, New Jersey (*Am. Jour. Med. Sciences*), relates the case of a boy æt. 14, with traumatic tetanus, which was cured by hydrate of chloral, in 30-grain doses, taken every four hours in syr. acaciæ. The chloral promptly controlled the spasms and induced sleep. At the end of four days it was administered only night and morning.

The Fate of Indian Doctors.—The practice of medicine among the Indian nations leads to as unpleasant consequences as those we recently referred to as having happened to a physician in Egypt. Indian Joe, a Piute medicine-man, well known among the whites, having failed to restore to health two sick Indians, was stoned to death by his tribe.—*Medical Times.*

Money Receipts to Feb. 15th, 1872.—H. C. Switcher, $10.00; Williams, $3.00; Henry Ader, $2.00; D. W. Hollister, $3.00; D. H. Patton, $6.00; John Linton, $3.00; E. F. Purdam, $3.00; D. C. Stillions, $3.00; J. A. Booth, $6.00; D. K. A. Steele, $3.00; A. B. Williams, $3.00; Thos. W. Howes, $3.00; J. U. Johns, $4.00; T. H. Blackman, $6.00; V. C. Price, $3.00; E. Ingalls, $3.00; J. Schneck, $3.00; J. C. Kilgore, $3.00; J. R. Webster, $3.00; J. A. Adrain, $3.00; John B. Moore, $3.00; M. O. Heydock, $3.00; A. Hagar, $3.00; T. D. Washburn, $3.00; Jas. Cody, $3.00; E. P. Homer, $3.00; J. Good, $6.00; S. L. Marston, $3.00; J. N. McLean, $3.00; G. W. P. Hodder, $6.00; C. W. Burrell, $3.00; C. B. Reed, $3.00.

Original Communications.

LITHOTOMY.

BY WILLIAM J. JOHNSON, M. D., CHICAGO.

On May 30, I was requested to see John Cook, aged eleven years. He was suffering very severely from all the usual symptoms of stone in the bladder, and I was told by his parents that he had been suffering about eight years, for the past three years his sufferings had much increased. Every time he attempted to micturate (which was very often) he would cry bitterly from the pain. His screams were so loud that the neighbors a block distant would hear them. The pain was referred principally to the end of the penis. During the night he was frequently obliged to get out of bed from a desire to empty the bladder, and would cry with pain, as he did during the day. When he was about to urinate he would get on the end of his toes, and walk or run around in a circle in a stooped position with his hands on his hips or grasping the penis. In this attitude he would go around screaming with pain, frequently calling for some one of the family to help him or do something for him, at the same time his urine dribbling from him. This would generally last him half an hour, before he would get over it. For the past three months his general health had become affected, and he had almost lost his appetite. On June 5, after getting him under the influence of an anæsthetic, I sounded him, and found no difficulty in detecting the stone. I then left him some medicine to try and improve his general health before the operation. On the twenty-third of June I went to his house to operate on him, where I found him suffering with one of his awful fits.

After he got through with his fit, I placed him on the table in the usual position for Lithotomy, bound him, administered chloroform, introduced the staff, and assisted by Dr. Wait, and the boy's father I proceeded to perform the lateral operation of Lithotomy. He was very weak and nervous, and yet, it seemed to take a long time to get him thoroughly under the influence of the anæsthetic. After I had made my incision into the bladder, and was about to introduce my forceps, I discovered he was sinking. I immediately unbound him, placed him on his bed, and gave stimulants. When he recovered I left him with the intention of trying to finish the operation the following day, but when I arrived I found he was very weak and exceedingly nervous, and complaining of considerable pain in the lower part of the bowels, with suppression of urine. I probed the wound and felt the stone, but he being so nervous and excitable I could do nothing with him, so I ordered him to have an injection of warm water with a little castor oil, also tea-spoonful doses of spts. nitre dulc. every three hours until he passed water pretty freely. The third day I found him feeling much better, his bowels had moved pretty freely, and during the night the stone came from him. After the sixth day the urine came through its natural channel.

He had considerable diarrhœa with a good deal of pain, two or three times after the stone came from him, which I controlled with turpentine emulsion. It was the twenty-fifth day after the operation before the wound had entirely healed. For some time after he got well enough to go about, he had considerable difficulty in retaining his urine, for which I gave him ext. belladonna and a little later tinct. cantharides, and at the present writing he seems to enjoy perfect health.

The stone was composed of phosphate and carbonate of lime. It measured one and one-half inches long and three inches in circumference, and weighed one ounce.

CHLORAL IN DELIRIUM TREMENS.

BY CHAS. W. EARLE, M. D., PHYSICIAN TO WASHINGTONIAN HOME, CHICAGO.

Chloral, although discovered thirty years ago by Liebig, was not introduced to the notice of the profession until 1869. It is the result of chlorine on alcohol—anhydrous (without water) it is an oily, pungent fluid. Combined with water, which it does readily, it be-

comes the chloral hydrate.* Since the introduction of this drug to the notice of the medical profession in this country, it has been used in nearly every disease, in large and small doses. We probably do not know at this time its exact worth as a remedial agent, but clinical experience is helping us form a correct estimate. Having used it for more than fifty cases of delirium tremens, and the excitement produced by alcoholic stimulants, I wish briefly to give the results. At least two indications present themselves for treatment in the majority of patients admitted to our Home, viz.—to give nourishment and procure sleep. The first is best met by giving beef tea, milk and eggs, etc., etc.—in a word, concentrated nutriments which are easily digested. The stomach is not in a condition to digest solid food, and we therefore give the liquid nourishment. To quiet the extreme nervousness during the day, previous to giving chloral, we are in the habit of giving bromide of calcium, bromide of potassium, valerian, etc. A combination of the bromides of calcium and potassium with cannabis indica is excellent. But surpassing them all, when night comes and we wish to give our patient sleep, is the chloral. It matters little how it is given. It is not as necessary in the cases we treat at the Home to disguise the taste of the drug as in private practice. The sharp, pungent taste, to one habituated to the use of *ordinary whisky*, is not particularly unpleasant. Fifteen grain doses repeated often, until the required result is obtained, seem to give a better effect than to give larger doses.

Case 6. T. T.—aet. 33. Admitted Sept. 21, with delirium tremens. Placed immediately on chloral; gave 100 grs. from 7 o'clock in the evening until midnight; at this time he fell asleep and waked at 8 in the morning perfectly rational. During the day he made his escape from the Home, and came in during the evening drunk, but not with the delirium. Slept after the administration of 40 grs. of chloral; convalesced on tonics, and is now doing well; boards at the Home, and is working at his trade.

The exhibition of morphine with chloral seems, in some cases, to give a better result than either drug given singly. The following formula, of which a teaspoonful may be given every two hours, has given decided benefit:

℞	Chloral Hydrate	ʒ ii.
	Morphiæ Acet.	grs. ii.
	Syrupi Zinziberis	ʒ ii.

M.

Patients on the verge of delirium taking this for ten or twelve hours, and followed with somewhat larger doses of chloral, very frequently escape the threatened attack, and make a rapid recovery.

Case 8. J. E.—aet. 31. Had some family difficulty and took to drinking. He came very near having delirium, and consulted Dr. Davis. Was admitted to the Home on substantially the prescription given above. The chloral was given at night, which procured a moderate night's rest. A continuation of the same treatment for two or three days brought him to his former condition, and he was discharged to engage in business.

Case 45—in private practice—K.—aet 27. Has drank moderately for several years; never has been in the habit of getting intoxicated; within the last year, however, his drinking has affected him very strangely—it makes him crazy; after a few drinks he is unable to remember anything that transpires—everything is a blank for thirty or forty hours. A few days since he left his residence at 1 p. m., and drank mixed liquors during the afternoon. He returned in the evening perfectly crazy, wild and boisterous. His wife gave him 15 grs. chloral and ⅓ gr. morphia, up to the time I saw him, at 8 p. m. I then gave him 10 grs. chloral; at 9 o'clock, 25 grs.; at 10 o'clock, 25 grs. He was now quiet and slept most of the time. At 11 o'clock he waked enough to take 10 grs. more; at 12 o'clock he was very quiet, and I left him in charge of his wife. He seemed to realize, however, that I had gone, and began to be more boisterous. His wife, up to 2 o'clock in the morning, gave him 75 grs. more of the chloral, when he sank into a quiet sleep and rested till 7 a. m., when he roused sufficiently to take a small amount of fluid nourishment, and then slept until noon. The next night he took a small quantity of

*Wood & Bache, 1870.

chloral, and rested quietly. He was now ordered a mild bitter tonic, and made a rapid recovery.

No accident has occurred, nor any unfavorable result followed the use of chloral. One patient took 200 grs. from 11 o'clock p. m. to 6 a. m. The sleep which followed, for about 10 hours, was in the main very natural. He breathed stertorously, however, for a short time.

An inmate of the Home (an opium eater) feeling badly one morning procured, without the knowledge of the Superintendent, and took at one dose, what I compute to be at least 150 grains. He was unconscious an hour; breathed with difficulty; pupils contracted. He was roused occasionally when his breathing became very labored, and finally came to himself just as I arrived to make my daily visit.

673 and 675 West Lake.

A PECULIAR CASE OF PHTHISIS.

BY NORMAN BRIDGE, M. D., CHICAGO.

The case detailed below is reported as well for its lesson in diagnosis, as for the fact of its differing from ordinary cases of consumption.

Mrs. V., past middle age, a slim, nervous woman, had early in life enjoyed excellent health; a dozen years ago she had uterine disease which had subsided on the cessation of menstruation. She had, however, complained of dyspepsia for a long time, which had, during the two last years, steadily grown worse. She had endeavored to cure herself by dieting, cold water treatment, and eating of coarse bread—really a system of starvation—having, under it, grown worse instead of better; she had wasted to little more than a skeleton, and was unable to sit up when the writer was asked to see her. She complained of absolutely no symptoms not directly referable to the stomach and bowels. She had indigestion, feeling of weight and fulness in the stomach after eating, sensations of fever, often great drowsiness, and occasionally vomiting. The appetite—the disposition to eat—was good, and she continually reproached herself for eating too much—a fault she supposed herself guilty of—carefully eschewing all animal food on the ground that it was "too heavy." There was, most of the time, constipation, and the patient was inclined to despondency of mind. She had some pain, at times, in the epigastrium.

A cursory examination of the lungs was made, more because it seemed natural in an examination of a patient not to pass them by, than because any symptoms had referred to them; but the upper half of the chest only was examined.

The respiration was loud and puerile on both sides, with no bronchial breathing, no prolongation of expiratory sound. There was no rhoncus or rattling, no fluid sound; there was no whistling or any sound abnormal, save the loud respiratory murmur; the inspiration was regular and not jerking. The resonance, on percussion, was alike on the two sides, and was thought to be normal. All the sounds, by auscultation and percussion, were absolutely alike on both sides of that part of the chest examined—not the slightest difference could be detected between them.

There had been no hæmoptysis, cough or expectoration whatever—no symptoms to direct attention to the lungs, so they were not examined further. The puerile sound, in the absence of bronchial breathing and rhoncus, was supposed to be made apparent by the absence of soft tissue over the bony chest wall—hardly anything but skin covering the ribs.

Catarrhal irritation of the stomach was diagnosed, and the patient was advised to take animal foods, in liquid form, abundantly; a course of tonic treatment was also urged.

In about a month word was sent me that the patient was dead, and that a *post mortem* examination would be allowed.

On arriving at the home of the subject of the examination I learned that from the time I saw her until her death there was no material change in her symptoms except in the occurrence of one paroxysm of coughing several days before her death, and diarrhœa during two days previous to death. There had been no hectic, or night sweats; no exacerbations of fever.

At the autopsy the stomach was found somewhat dilated near its pyloric orifice—the pylorus being thickened, and the opening contracted. The gastric mucous membrane was slightly thickened, and at the dilated portion gave evidence of a slight degree of chronic inflammation. The small intestines were, in several places, contracted, as though by former chronic inflammation of the intestinal walls, and the part of the intestine superior to each constriction was dilated to twice its normal calibre. There were more extensive contractions in the large intestines—the whole of the descending colon being condensed to the size of an adult's little finger, with the broad dilation above the constriction. There was no evidence of recent inflammation in the mucous membrane of any of the intestines.

There were signs of former inflammation in a part of the right lobe of the liver, but there was no fatty degeneration.

The lungs were filled with tubercles, most of them grey tubercles, and a portion with yellow centres; the masses were small.

The deposit filled all parts of both lungs; there was no spot uninvaded, and there could not have been more than one-half the true lung substance that was in fit condition for respiratory function at the time of death.

In the lower part of both lungs were a few small cavities filled with purulent matter; none were found above the lower third, and aside from these the deposit was about equally distributed to all portions of the lungs.

The pleuræ were attached in many places by adhesions that were evidently old.

229 W. Madison St.

INTUSSUSCEPTION.

BY CYRUS C. REICHARD, M. D., MITCHELLVILLE, IOWA.

The great mortality attending this disease, and its comparatively rare occurrence, have induced me to report the following case:

Sept. 19, 1871.—I was called at 8 a. m. to see E. J. V., aged 32, of sanguine temperament, healthy habits—American. He is a farmer, energetic and industrious. The day preceding his attack was Sunday, and while visiting a neighbor he ate heartily of grapes, apples and walnuts; all through the following night he suffered with colicky pains. When I arrived he was perspiring profusely from intense pain of a paroxysmal character. Being very busy at the time, and, upon inquiry, finding he had had a discharge from the bowels about two hours before my arrival, I hastily diagnosed the disease colic, and promptly mitigated the pain by injecting morph. sulph. gr. ¼, hypodermically. I then ordered a cathartic, and leaving some morphia powders to be taken at intervals through the day, I continued my ride.

I was recalled the same day at 6 p. m., the messenger stating that the pain had returned and he was vomiting. I found him vomiting persistently; pulse full and frequent, and an anxious, appealing expression of countenance. Making a careful examination of what *he* designated the "painful spot" I discovered a tumor, with its inferior margin at the junction of the small with the large intestine, and extending to a point to the right of and opposite the umbilicus. It was not, at this time, very tender to the touch. Percussion elicited marked dullness over the ileo-cæcal valve. The stethescope placed over the tumor gave negative results, but on either side a gurgling sound was plainly heard. In view of the hyper-irritability of the stomach I gave, as a cathartic, hydrarg. chlo. mit. and bis. sub. nit., which was retained several hours with no perceptible effect on the bowels. I then repeated the dose, ordered anodyne fomentations to the abdomen, and administered copious enemata of warm water.

Sept. 20, 8 a. m.—The purgatives given yesterday have had no effect—at least no *good* effect—and the vomiting has become stercoraceous. The pain is still very severe, recurring at short intervals, and confined to the same spot; I relieve it by hypodermic injection of morphia. Have repeated the injections per rectum, and kept the abdomen covered with anodyne fomentations. Have not given any purgative to-day as they seemed to add to his distress yesterday by inverting the peristaltic wave and promoting vomiting.

21st.—Countenance anxious and sunken; pulse small and frequent; has had but little rest; thinks there is no hope for him; still vomits large quantities of fluid mixed with fecal matter. Called in consultation my friend, Dr. Simonton, of Newton, who arrived at 3 p. m. After making a thorough subjective and objective examination, he agreed with me as to the nature of the lesion—which was gratifying, as I have great respect for his diagnostic abilities. To disinvaginate the incarcerated bowel we adopted the method first practiced by Dr. Tate, of Georgia, viz.: generating air within the body. We first overcame muscular opposition by anæsthetizing the patient fully, and having injected a half gallon of water, we introduced sixty grains of bi-carbonate of soda, dissolved in three ounces of water, which was immediately followed by a tartaric acid solution of like strength and quantity—the acid solution was introduced *very slowly* and *cautiously*, lest by a too rapid and powerful an inflation the integrity of the intestines would be jeopardized. After the distension had been carried to a limit consistent with safety, we kept it up at least ten minutes, while we gently kneaded the abdomen at the point of strangulation. After the expulsion of the water and air (midnight) the tumor had disappeared, also the pain, and he rested quite well till morning, when he had a discharge that we were convinced came from above the point of invagination, as it contained some half dozen or more grape seeds, which could only have lodged in the folds of constricted intestines. From this time very little treatment was needed except to check a rather obstinate diarrhœa which I looked upon as the result of prostration of the vaso-motor nervous system, and which was readily overcome by the use of strychnia, iron and opium.

The patient says he has had as good health since as before his attack.

Remarks.—My opportunities for research are limited, but as far as I have been able to learn anæsthetics are not generally given in these cases. They seem, in my estimation, to meet two of the indications exactly—they abolish the inherent contractility of the muscular fibre—the great antagonist of distension—and relieve the pain attending inflation, which must be very severe. Notwithstanding I favor their use I am convinced peculiar care should be exercised in their administration, in cases where the "inflation" treatment is employed, on account of the pressure exerted in the thoracic viscera. Ether is preferable to chloroform because less dangerous.

Mitchellville, Iowa, Feb. 21, 1872.

SHIFTING AND RECURRING PARTIAL HEMIPLEGIA IN A PATIENT SUFFERING FROM BRIGHT'S DISEASE.

The following remarkable symptoms are supposed by Dr. Nicol, under whose care the patient was, and by his colleague, Dr. Bourne, to have been due to a shifting œdema about the pons Varolii.

J. W., aged thirty, suffering from Bright's disease, was admitted into the Bradford Infirmary, with extensive anasarca. His urine yielded more than half its bulk of albumen. After a course of hot-air baths, purgatives, and ferruginous tonics, the anasarca almost entirely disappeared, and the patient was enabled to get about. While in this condition, fifteen days after admission, he had, at midnight, an epileptiform seizure, which terminated in left facial and arm paralysis. He could not speak, but seemed to understand what was said to him. Mustard poultices were applied to the calves, and a catheter had to be passed.

On the following morning he was recovering slowly, and appeared to recollect all that had happened during the night. He spoke with difficulty. He was observed to be unable to close his eyes by a voluntary effort, although the usual winking took place. There were symptoms of lung congestion, for which poultices were applied. In the right axilla the temperature was 97·5°; in the left 97°. In the evening the patient's general condition had much improved. On the right side the temperature was 97·4°; on the left 99°. At ten o'clock in the evening another seizure occurred. This time the face was paralyzed on

the right side; the eyes were drawn to the left; the power of speech was lost, he seemed unconscious, and yawned frequently. He passed urine in the usual quantity.

By ten o'clock on the following morning he was better, and pronounced simple words with difficulty. The face was not drawn, but the eyes were closed only with an effort. A grain of elaterium with four grains of calomel were placed on the tongue, and an enema of turpentine and castor oil was injected into the bowel. At ten in the evening a copious stool was passed, and in a quarter of an hour the power of speech returned. It was found that though in the morning he had been unable to swallow, and could not protrude the tongue beyond the teeth, he had taken his dinner well. The bowels were still further freely opened.

The next day, the fourth after the first seizure, urine was passed in usual quantities, and he seemed to be quite well. He was ordered five grains of tannin three times a day, with milk and sherry. He remembered those who had been present during his last attack (several persons being present), and affirmed that he had been conscious of all that had passed.

A third seizure followed at half-past one o'clock in the afternoon, after he had partaken fairly of dinner, and ended in right facial and arm paralysis, and partial loss of speech. Extensive dry cupping was practised for an hour; then an enema similar to the last was injected; a copious stool followed in rather more than an hour. The paralytic symptoms rapidly disappeared, and on the same day he was able to sit up in a chair.

On the following (fifth) day he was sitting up dressed; he spoke well, but the right arm was weak. He was ordered four ounces of sherry daily, and continued to take the tannin.

On the sixth day the urine was found to be acid, of a specific gravity of 1.010, and to contain pus-corpuscles to faint milkiness. It yielded rather less than one-half its bulk of albumen. Three days later the patient continued well, and the right arm was steadily gaining power.—*Lancet*, Sept. 16, 1861.—*Med. News.*

Clinical Reports.

MEDICAL WARDS OF MERCY HOSPITAL.

SERVICE OF PROF. N. S. DAVIS.–[*Reported by B.*]

CASE I. ACUTE RHEUMATISM—RHEUMATIC FEVER.—This patient is a middle-aged man, laborer, of fair physical development, and until recently enjoying good health. He was admitted to the hospital ward two days since, nearly two weeks after the commencement of his sickness. His face is flushed and expressive of suffering; his skin hot, and covered with profuse perspiration; respiration more frequent than natural; pulse full, firm, and 100 per minute; tongue covered with a white coat; bowels torpid; urine scanty and high-colored; the wrists, ankles, knees, and hips moderately swollen and very painful, the pain greatly aggravated by motion; the heart's sounds are distant, but without any rough or valvular murmur, and the apex does not apparently strike the walls of the chest, indicating the probability of some pericardial effusion. This is a plain case of acute rheumatism, of considerable severity.

It was remarked that in the progress of such cases the cardiac structures were extremely liable to become involved in the inflammation, which should cause the practitioner carefully to note the cardiac sounds often, while attending this class of patients. To correct the excessive acidity of the fluids, which exists in nearly all cases of acute rheumatism, to diminish the plastic exudations into the inflamed fibrous tissues surrounding the joints, and to mitigate the constant suffering of the patient, he was directed on admission to take one tablespoonful of the following solution every three hours:

℞	Bi-Tart. Potassa	ʒ iii.
	Sulph. Morph.	2 grs.
	Water	ʒ viii.

Mix.

Also a powder of Pulv. Doveri, 8 grs., and Calomel, 1 gr., each night and morning. On account of the profuse sweating, which is rather encouraged by the bi-tartrate of potassa, the following mixture was given as a substitute:

℞	Tinct. Cimicifuga Rac	℥ ii.
	Vin. Colchici	℥ i.
	Camp. Tinct. Opii	℥ i.
	Tinct. Verat. Viride	ʒ i.
	Nit. Potassa	ʒ ii.

Mix, and take one teaspoonful every three hours in sweetened water; and continue one dose of the pulv. doveri and calomel at bed-time. The lecturer stated that he had used the cimicifuga in the treatment of acute and sub-acute rheumatism for many years, and in most instances with benefit.

Note.—On visiting the ward one week after the foregoing clinic, the patient was convalescent. The only change in the treatment had been the omission of the calomel at night.

Case II. Rheumatic Bronchitis with Renal Congestion.—This man, a sailor, aged about 25 years, was admitted into the Hospital one week since. At the time his face was turgid, and some bloating over the whole body of a semi-œdematous character, with a look of spanæmia. His breathing was short and hurried; pulse quick and irritable; paroxysms of severe, harsh cough; expectoration scanty, but sometimes mixed with streaks of blood; respiratory murmur harsh and exaggerated, with some dry rhonci, but no marked dullness or percussion. There was also well marked rheumatic pains in the joints of the lower extremities, and the urine was scanty and high colored. Previous to the attack the patient had been exposed to cold and wet on the lake, and the case was regarded as rheumatic inflammation of the bronchial tubes; especially of the smaller tubes, with congestion of some lobules of the left lung. It was remarked that rheumatic bronchitis was not unfrequent in our climate, and was generally characterized by harshness and severity of cough, scantiness of expectoration, constriction or tightness in the chest, sometimes amounting to asthmatic breathing, especially at night, and the coincidence of rheumatic pains and swellings in other parts.

To correct the rheumatic diathesis, and mitigate the severity of the cough, this patient was given 10 grs. of bi-tartrate of potassa and 10 grs. of Dover's powder, every four hours, and a teaspoonful of the following mixture between:

℞	Hydrochlorate of Ammonia	ʒ iii.
	Tart. Ant. et Pot.	grs. ii.
	Sulph. Morph.	grs. iii.
	Vin. Colchici	℥ ss.
	Syrup Liquorice	℥ iiiss.

Mix.

This treatment has now been continued one week, and all the symptoms are much relieved. The soreness, cough and sense of tightness in chest are so much relieved that the patient rests comfortably at night, and the urine is much more abundant. He was directed to continue the hydrochlorate of ammonia mixture before each meal time, and the Dover's powder and bi-tartrate only at bed-time.

Case III. Pleurisy with Effusion.—This is a young man, admitted into the Hospital two days since. His face was deeply suffused with a purplish flush; lips pale; extremities cool, but surface of trunk hot and dry; pulse 120 per minute, moderately firm; respirations short and 30 per minute, but no cough, no expectoration, and no pain in the chest; bowels inactive, and urine scanty. He had been sick about one week before admission. Inspection of the chest showed flattening of the left infra-clavicular region, with slight dullness, and tubular respiration; the right side was less flattened antero-posteriorly, but very dull on percussion over the whole lower and lateral part, with silence on auscultation. These symptoms and signs indicated latent pleurisy with effusion on the right side, with tuberculosis of the upper lobe of the left lung. His treatment had been moderately sedative and diuretic, consisting of one teaspoonful of the following mixture every four hours:

℞	Comp. Syrup Squills	℥ ii.
	Camph. Tinct. Opii	℥ ii.
	Tinct. Verat. Viride	ʒ i.

Mix.

Also, between each of the above doses, a fluid drachm of a mixture of equal parts of liquor ammonia acetatis and nitrous ether. This treatment has now been followed two days, and the veratrum has rendered the pulse slower and more soft, with less suffusion of

the face, and less heat of surface over the chest.

On account of these changes, and a slight feeling of nausea, the veratrum was directed to be omitted from the expectorant and anodyne mixture, and twenty drops of tincture of digitalis to be added to each dose of the liquor ammonia acetatis and nitrous ether. Also more nutritious diet.

SERVICE OF PROF. D. T. NELSON.

CASE IV. GOITRE—ENLARGEMENT OF THYROID GLAND.—This patient has a moderate enlargement of the thyroid gland, presenting a prominence across the lower front part of the neck. It was first noticed by the patient six weeks since, and has been slowly increasing until she applied for treatment last week. The swelling is neither painful nor tender, and is chiefly interesting on account of its liability to increase until its prominence becomes unseemly and more or less oppressive to the trachea. In our country the disease is comparatively rare, while in some parts of Europe it is very common. She has been taking small doses of iodine in solution with iodide of potassa, and there is already a decided diminution in the size of the swelling. The same treatment was continued.

CASE V. AMENORRHŒA—ACNÆ.—This is a young woman who has failed to menstruate at the proper age, and has become decidedly anæmic. She has also become subject to regular daily attacks of severe pain in the epigastrium; the pain coming at the same hour each day.

For a tonic she has been taking the syrup of pyrophosphate of iron, a teaspoonful three times a day. Sometimes this was superseded by the following tonic and laxative pills:

℞	Pulv. Aloes	30 grs.
	Sulph. Ferri	45 grs.
	Ext. Belladonna	5 grs.
	Strychnia	1 gr.

Mix. Divide into 30 pills, take 1 before each meal time.

To interrupt the daily paroxysms of gastric pain she was given sulphate of quinia each day, a little before the expected paroxysm, which entirely relieved this symptom. She was also troubled with pustules of Acnæ on her face, which have been much improved by the simple application of glycerine daily as a wash.

SERVICE OF LYMAN WARE, M. D.

CASE VI. This woman has syphilitic ulcers in the nostrils, and presents the odor of ozena intensified by the fetor of necrosis. The septum of the nose is partially destroyed by the ulcerative process. She had been two years without the specific treatment, which should have been adopted at once.

In all such cases, and even in such as present a somewhat doubtful diagnosis, the early and judicious use of mercurials, followed by the iodide of potassa, is of great importance. When the disease has advanced to the stage presented in this case, the following constitutes one of the most efficient combinations that can be given internally:

℞	Iodide Soda	ʒ iii.
	Bi-chlorid Hydrag.	gr. i.
	Fl. Ext. Conium	ʒ ss.
	Syrup Prunus Virg.	ʒ iss.
	Aqua	ʒ ii.

Mix, and give one teaspoonful before breakfast, dinner and bed time. Besides the specific, internal medication, local remedies are required by the condition of the nostrils. The parts should be thoroughly cleansed by using suitable washes with the nasal douche or the nasal syringe. A simple solution of sugar in warm water, used daily, makes a mild, cleansing wash. In this case diluted tincture of iron will be used with the atomizer twice per week. To destroy the offensive odor the patient may have a powder composed of sub-nitrate of bismuth ʒ v. and chlorate of potassa ʒ i., to be used as a snuff several times a day. In syphilitic cases it is better to put calomel with the bismuth, instead of the chlorate of potassa, for a few days at a time, care being taken not to have it used long enough at one time to endanger the absorption of sufficient mercurial to produce salivation.

THE steam from a mixture of an ounce of aqua ammonia to a quart of water, inhaled once a day, is said by Mr. John Grantham, *Brit. Med. and Surg. Journal*, to relieve and even cure attacks of whooping-cough.

THE
MEDICAL EXAMINER.
A Semi-Monthly Journal of Medical Sciences.
EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, March 1st, 1872.

EDITORIAL.

Apology.—We had expected to get our issues up punctually to date by this time, but the junior editor rather unexpectedly left for a visit to Europe just after the issue of the fourth number of the present series, and the pressing duties connected with the last two weeks of the Medical College term has so far interfered with the work of the senior editor that the present number has fallen behind. The defect will soon be remedied.

College Commencement Exercises.—The Commencement exercises of the Chicago Medical College—Medical Department of the Northwestern University—took place on Monday and Tuesday, the 11th and 12th inst., in the College Hall, on the corner of Prairie avenue and 26th street. The exercises on Monday commenced at 2 o'clock p. m., and continued until 5 p. m., during which the whole graduating class were publicly examined, in addition to the ordinary examinations by the faculty during the previous week. Variety and interest was given to the occasion by the reading of theses by Wm. Butterfield, H. D. Porter and B. F. McMinnamy. On Tuesday the proper Commencement exercises began at 3 o'clock p. m.

The large lecture room was crowded with ladies and gentlemen, an excellent band of music was present to make melody, and Dr. E. O. Haven, President of the University, presided. After the opening prayer and music, the certificates of progress were distributed to the undergraduates of the junior and middle classes, followed by a few appropriate words of encouragement by the Dean of the Faculty.

The Professor of Practical and Clinical Surgery also gave special certificates to those candidates for graduation who had served as assistants in the surgical department of the hospital. The prize awarded for the best inaugural thesis, was taken by M. P. Hatfield; and that for the second best, by J. C. Patterson. Committee awarding the prizes also recommended for special mention the theses of H. D. Porter and F. B. E. Boekius. The degree of Doctor of Medicine was conferred on thirty-two regular students, followed by an appropriate charge by the President of the University, which was responded to on behalf of the graduating class, in an eloquent manner, by A. H. Levings. After music, the regular valedictory address was delivered by Prof. Thomas Bevan. We have not time or space to give an abstract of the address at present. It was a carefully prepared and eloquent production. The proceedings closed with music and the benediction.

The following are the names of the graduates:

Ordinary Degrees—J. M. Anderson, G. R. Bartron, John Bassian, S. L. Bedal, F. B. E. Boekius, C. W. Burrill, W. Butterfield, Henry Coakley, M. M. Grannis, H. C. Hastings, M. P. Hatfield, H. N. Hicks, A. E. Hoadley, J. O. Hobbs, A. H. Levings, Martin Matter, B. F. McMinnamy, C. S. McQuaid, F. C. Miller, A. K. Norton, J. C. Patterson, R. O. P. Phillips, Henry D. Porter, Nicholas Schilling, E. A. Shafer, A. H. Smith, S. S. Strayer, J. L. Twining, Joseph Van Buskirk, J. W. Waite, J. S. Wood, Henry Young.

Ad eundem Degree—Prof. T. Cleaver, Keokuk, Iowa.

ALUMNI ASSOCIATION OF THE CHICAGO MEDICAL COLLEGE.

The fifth anniversary meeting of this Association was held at 10 a. m., March 12, in the College Hall.

A larger number than usual were present. Dr. Norman Bridge, President, in the chair.

No prize essays were presented this year. Dr. Brummund moved that two prizes be offered the ensuing year—one of $100, and a second of $50—to those members of the Asso-

ciation who shall present the first and second best essays on any medical or surgical topic, and that the committee on prize essays—Drs. N. S. Davis, Edmund Andrews, H. A. Johnson and Walter Hay—be requested to serve another year. It was moved by Dr. H. P. Merriman that the President's address be published in the Chicago Medical Examiner, and that copies sufficient to supply the members be printed in pamphlet form.

Dr. Wm. Dougal moved that the Necrologist's report be included. Carried.

Drs. N. S. Davis and Lyman Ware each donate $50 toward the sums offered as prizes.

Officers for the ensuing year: Dr. Lyman Ware, President, class '66, Chicago, Ill.; Dr. Peter Brummund, Vice-President, class '68, Joliet, Ill.: Dr. M. P. Hatfield, 2d Vice-President, class '72, Chicago, Ill.; Dr. Norman Bridge, Necrologist, class '68, Chicago, Ill.; Dr. S. A. McWilliams, permanent Secretary and Treasurer, 125 Eighteenth street, Chicago, Illinois.

The American Medical Association will hold its 23d Annual Session at Horticultural Hall, Broad St., Philadelphia, commencing at 11 o'clock A. M., May 7, 1872.—*Med. News.*

Geneva Medical College.—The Commencement exercises of this college were held Jan. 23d, at Linden Hall. The degree of M. D. was conferred upon twelve candidates. With these exercises this institution ceases to exist.

A majority of the faculty have accepted chairs in the "College of Physicians and Surgeons of the Syracuse University." This institution will open for the reception of students some time during the current year.—*Med. News.*

Gleanings from Our Exchanges.

A CASE OF HYDROCELE OF THE ROUND LIGAMENT MISTAKEN FOR AND OPERATED UPON AS A STRANGULATED HERNIA, WITH REMARKS.

BY CHAS. A. HART, M.D., NEW YORK.

From Monograph, published by D. Appleton & Co.

March 3, 1867.—Mrs. P., aged about forty-five years, was thought by her family attendant, Dr. B., to have a strangulated femoral hernia; he called upon Dr. J. M. C. to operate for him, who, after having visited the patient, called upon Dr. R. Nelson to mention the case, and consult with him, giving him the following imperfect history: "She had had more than one child: she thinks that the tumor in her right groin appeared about fifteen years ago, after straining in labor; she had never been able to reduce it, nor had it ever given her pain or inconvenience." What her present illness may be, Dr. C. does not know; he has seen her only once, having been called by her family doctor to operate for *strangulated femoral hernia*, which is all he has to do in the case. Dr. C. suspects chronic incarceration, and at present strangulation, *because the patient has vomited once.* He has tried taxis ineffectually. He says, "It is surprising how soft the tumor is, and remarkably thin the parietes are."

The patient was very much averse to any surgical interference, but, having consented to an operation at the urgent request of her husband and medical attendant, at 8 o'clock was brought under the influence of chloroform, while in bed; and, when fully anæsthetized, carried into the front parlor (where several assistants were waiting), and placed upon a table for operation. The tumor was now exposed, which was found to be larger than a hen's egg, flattened, situated *above Poupart's ligament, and in the direction of the inguinal canal.* Dr. C. made a slight and ineffectual attempt at taxis, which served only to drive the contents of the tumor in a contrary direction, to one or the other side, or upward, which as soon as pressure was discontinued, returned to its former size, site, and appearance.

Dr. N. was requested to examine the tumor, and did so, recognizing at once its nature, for he immediately placed his hand above the tumor to exclude lateral light, and requested me to hold a candle close to it, which I did, when the *diaphanous character of hydrocele* became strikingly apparent. *The parietes of the tumor were not tense, but soft.* There was no opportunity afforded for advice or caution, as Dr. C. immediately commenced his operation by making an incision through the skin *transversely across the abdomen*, at least *an inch and a half above Poupart's ligament*, about four inches long, and another incision bisecting the first vertically, about three inches in length; the upper line of this cut lay on the abdomen, the lower one across the tumor as far as its lower border, bringing into view a smooth, bluish, and translucent sac. The four corners of the crucial cuts were dissected up, and the whole tumor exposed, which could now no more be reduced than before. A pro-

longed attempt was now made to separate an expectant fascia, by repeated scratching and division of thin laminæ of cellular tissue, raised by thrusting a director under the leaves, one after another, without meeting any, until the parietes of the tumor became so thin that the contained fluid began to ooze out. (The operator, thinking the blue tumor was intestine, was surprised that the sac had no fascia.) Dr. N. repeatedly advised, "*Cut into it, it is not intestine you have here*," when Dr. C. thrust an exploring needle into it, on the withdrawal of which about three ounces of a clear, limpid fluid spurted out, arch-form, resembling hydrocelic fluid; at this stage the supposed hernial tumor quite disappeared. The sac which had contained the fluid was now freely laid open in search of intestine, or omentum, but neither was found; but a long, thick, fatty mass lay in the *canal of the round ligament*, free in front, but adherent behind. This was in *no way inflamed or discolored;* it was said to be incarcerated omentum, but attempts to either reduce it or pull it down were equally unavailing. After considerable manipulation the lower end became detached from its adhesions to the canal, and by pushing and tearing was separated as far up as the internal inguinal ring, when an ineffectual attempt was again made to return it within the abdomen. This failing, it was decided to cut it off; before this could be carried into execution, Dr. N. managed to press his fingers through the elongated meshes of which it consisted, and in this way severed it into four or five strips, three of which, supposed by the operator to be omentum, were cut off, from the ends of which a few drops of blood oozed, furnished by a couple of arterioles the size of fine hairs: these were ligated. The determination being to make the case one of hernia, the finger was worked in the direction of the canal into the abdomen, and the remaining mass thrust in, and the wound closed by wire sutures, compresses, etc.

The little blood that oozed came from a fleshy fibre of the hypertrophied fibres of an analogous cremaster muscle. The fatty structure had not the slightest resemblance to omentum, but resembled in some degree a spermatic cord, and was composed of granular fat.

The after-history of the case (except that recovery had taken place), I remained in ignorance of until October 26, 1870, when, having an opportunity of seeing the patient, she furnished me as clearly as she could remember the history of her complaint from the time of discovery, about eighteen years ago, when she first noticed the tumor while bathing, about two or three months after a not severe confinement. The tumor was then hardly the size of a filbert, and unattended with pain; she made repeated efforts to reduce it, supposing it to be a hernia, but never succeeded, nor has it ever disappeared during the recumbent posture. The tumor, without causing either pain or inconvenience, steadily but slowly increased until it attained the size it was at the time of operation in 1867; following which she kept her bed for six weeks, though the wound was closed at the end of three. A short time after, being about again, she noticed a commencing return of the tumor, which at the present time has attained about the same size as the original one, and, like it, of gradual growth and free from pain. Her former experience not being of a pleasing kind, she has adopted the precaution of wearing a truss (being still under the impression that the tumor is hernial), but with the effect of merely flattening the tumor, as it has never been reduced.

I regret exceedingly that the lady's extreme repugnance to an examination could not be overcome, as more information might have been gained. The pathological conditions found in this case can, I presume, be considered as typical of this extremely rare form of disease; of which I know of but two other instances which came under the observation of Dr. R. Nelson, both of which possessed the same physical characteristics of *translucency, slow growth, non-reducible, and free from pain;* no operation was performed in either case.

The literature upon this form of disease is extremely scanty, it being mentioned, as far as I am aware, only in the older editions of Ætius, Pare, Scarpa, Meckel, and Poland. That the disease occurs more frequently than is generally supposed, there can be but little doubt; but, not being mentioned or classified in the modern medical works, it is confounded with other diseases, and not recognized in its true nature.

Respiratory Murmurs.—At a stated meeting of the New York Academy of Medicine, Dr. James R. Leaming read a paper on "Respiratory Murmurs," of which we present an abstract. He starts out with the purpose of proving the composite character of the respiratory murmur. Referring to the anatomy of the tissue of the lungs and bronchial system, he calls particular attention to the circulations in the bronchial system; the bronchial arteries are attended by venæ comtes only so far as the bronchial tubes extend, and not into the true pulmonary structure, consequently the blood which goes to nourish

this structure does not return to the heart as venous blood but is ærated in the air vesicles and returned by the pulmonary vein as arterial blood to the right side of the heart. Occupation of the air-sacs by tubercle interferes with the circulation of the nutrient artery, and blood is thrown back upon the bronchial artery, resulting in bronchonagia—a conservative act, for, like the application of leeches, it sets the absorbents actively at work to remove the cause. In this way cases of early phthisis are self-cured, or, at all events, ameliorated, and the physician is guided in his treatment. After some further comments on this manner of circulation the writer goes on to speak of the residual air in the lungs, and that it has no more motion than the water in the bottom of the ocean—the air in the air-cells is purified by the laws of the diffusion of gases. Hence, any theory of vesicular murmur or crepitant rale which ignores the existence of this residual air must of necessity be incompetent. The respiratory murmur consists of two sounds: the first, the motion of the tidal air in the bronchæ; the second, due to the contraction and dilatation of the muscular (?) fibres of the lung substances; the first is intermittent, the second continuous, and may be heard best when the breath is held. This, the true respiratory murmur, only begins to be developed after eight years of age, becomes recognizable at twelve, and is only fully developed at maturity. *The Broncho-Respiratory Murmur.*—The sound produced by the tidal air may be heard by forcing the respiration, thereby increasing the velocity of the air in the bronchial tubes and the loudness of the sound. It is heard most perfectly, however, in children before the true respiratory murmur begins.

It is said that the vapor of a few drops of nitrite of amyl, cautiously inhaled, will relieve the dyspnœa of an attack of spasmodic asthma almost instantly. Dr. H. C. Wood, jr., New Remedies, Jan., 1872, says that he has used it with success in one case of aninga pectoris dependant on valvular disease of the heart, when all other remedies had failed.

Dr. Charles Bell Taylor, (*London Lancet*, Feb., 1872,) describes a new way of extracting cataract. The instruments he employs are a pair of toothed-forceps, an eye speculum, and two knives a line in width, one sharp pointed, the other blunt pointed, and both bent at an angle like an iridectomy knife. The lids are to be separated with the speculum, the eyeball turned downwards with an ordinary pair of forceps, and fixed in a favorable position by the application of the toothed-forceps at about the junction of the middle with the upper third of the rim of the cornea. The pointed knife is then entered at the sclero corneal junction near the attachment of the forceps; it is pushed well into the anterior chamber, and, with a gentle, sawing motion, carried along the upper border until about one-third of the cornea has been divided. The eyeball is to be fixed with a pair of ordinary forceps—the capsule of the lens is to be made tense and is then to be carefully divided with Von Graafi's cystitome. The capsule is divided at this stage of the operation for the sake of avoiding the obscuration of the view of the operation by the effusion of blood into the anterior chamber, as would be the case if it was postponed until after the next step. After the tearing of the capsule a small portion of the upper part of the iris is to be seized, and a small portion of the periphery excised, leaving the pupillary margin intact. The lens is then extracted in the ordinary way, gliding behind the pupil without stretching the sphincter. By this method of operating, he claims to have obtained excellent results, far surpassing that from other methods, with very small percentage of bad results.

Pitting in Small-pox.—In regard to the very numerous methods for preventing small-pox pitting, the truth appears to be that none is so thoroughly effective and to be relied on, but that anything which excludes thoroughly the light and air will have a certain amount of influence in lessening the chances of severe disfigurements.

Dr. Rendle, in the London *Practitioner*, of October, writes as follows:—He says, "I have now two cases convalescent from small-pox, in which I applied cotton wool to protect the face. The disease in each case was of the distinct form. One of the two, a girl, aged fifteen years, had an abundant eruption, which, in the unprotected parts of the body, went through the usual consecutive changes. In both cases the parts covered with the wool are left without a vestige of marks. The mode of application is as follows: On the first appearance of the eruption, patches of skin, about an inch square, were washed over with collodion, and immediately covered over with a thin uniform layer of fine wool; the wool readily adheres if applied before the ether of the collodion evaporates. When the whole of the face, etc., was thus covered, the wool was brushed over with a solution of starch or gum. The starch or gum was occasionally reapplied to the edges of the wool, to prevent any shifting by the movements of the face. This covering was kept on until the dry crust fell off the other parts of the body."

Alcohol as a Medicine. — Dr. Forbes Winslow, the well-known writer on diseases of the brain and mind, has sent a letter to the London *Times*, stating that during the last twenty years he has seen numerous cases, more particularly among women, of an insane craving for alcohol, which could be traced to the injudicious use of stimulants given, in the first instance, medicinally. The unwise and prolonged continuance of the use of alcohol after the physician has retired from the treatment of the case, Dr. Forbes Winslow says, causes spirits to become a necessity of life, inducing habits of tippling and confirmed drunkenness, and eventually developing severe diseases of the brain and mind, and frightful disorders of the nervous system. Dr. Forbes Winslow speaks in the strongest terms of condemnation of the stimulating theory as applied to the treatment of acute inflammatory affections. He says that the habit of stimulation may be established by the occasional sipping of spirits of wine, cologne water, spirits of chloroform, spirits of ammonia or any of the medicinal tinctures, as well as by drinking brandy, whisky or wine. Such opinions are not yet indorsed by the profession at large with us.

Epilepsy in a Gouty Subject cured by Colchicum.—Dr. Ronnel was called to see M. P., a bailiff, by his son, who said his father was dying in an epileptic fit. By the time the doctor arrived the fit had passed, and the man was able to tell him that he had suffered from epilepsy for ten years, and had consulted many noted physicians; but in spite of the most faithful trial of their treatments, the paroxysms were constantly becoming more frequent and severe. The various prescriptions (copies of which had been kept) comprised almost all the recognized anti-epileptic drugs. On questioning it was found that the patient had formerly been a martyr to gout—that a severe gouty attack had immediately preceded the first epileptic paroxysm—since which he had been free from his disorder. He was at once put upon the steady use of colchicum, and after a short time was freed from his epilepsy.—*Revue de Therapeut. Medico-Chirurg.*

Increase of Intemperance in France.—At the last session of the Academy of Medicine Drs. Magnan and Bouchereau gave the result of their research among the sick who entered the Sainte Anne Hospital during March, April and May, 1871, either because of tremens or paralysis. They endeavor to show that it is not alone by the larger number that the "alcoholists" of 1870–1 are distinguished from those of former years, but by the pronounced character of the intoxication. The most salient fact is the enormous proportion of persons struck down by general paralysis. Alcohol, during the month of May, 1871, furnished more than half the total contingent of insane to the asylums.

Physiological Action of Putty.—A correspondent of the Philadelphia *Times* relates a case of a child who was troubled during October with constipation and acute strangury, making frequent attempts to void water, attended with much pain and screaming. There was no fever, the pulse was natural, tongue a little red, and the gums swollen from the imminent eruption of several teeth. The urine was "scanty, rather high-colored, and contained no albumen or casts, but a considerable number of very small oil-globules." These symptoms occurred at several different times, and were discovered, on careful investigation, to have been occasioned by handling and eating putty.

Medical Education of Women.—This subject has again been brought to the attention of the authorities of the Medical University of Edinburgh, and permission for females to attend lectures and receive degrees under the same conditions as males, has been refused. The governors of the University, however, are willing that medical instruction should be imparted to women in strictly separate classes, provided the female students would be satisfied in receiving, after examination, certificates of proficiency in medicine instead of University degrees. Such certificates, it is stated, are granted by the London University.

The Mother of two Physicians.—Mrs. Southworth, the novelist, is thus chattered about: "Tallish in figure, with full forehead, well balanced head, thoughtful gray eyes, and a face denoting intellect of the deliberate, reasoning kind, she seems likelier to be a writer of the Martineau order than of the imaginative style. She has two children: Dr. Richard J. Southworth, a much esteemed physician of Georgetown, and Charlotte Emma Lawrence, the wife of Dr. James V. Lawrence, and officer in the United States Army."

Treatment of Granular Ophthalmia by Quinine.—C. Bader, Ophthalmic Assistant Surgeon to Guy's Hospital, reports in the *Lancet*, for Feb., 1872, several cases of granular ophthalmia treated with powdered bi-sulphate of quinine. As much as would be held on the point of a penknife was dusted over the granulations twice a day. He reports excellent results, especially in cases of long standing, in which there was much pannus.

Sulphur versus Small-pox.—The chief physician of Iceland claims to have smoked out the small-pox, lately imported to that country from France, by means of sulphur, with the aid of sulphurous acid and water drank by the patients. The disease disappeared, and no new cases had occurred for thirty days.—*Canada Lancet, Feb.*, 1872.

Antidote to Liquor Poisoning.—The physician in charge of the drunkard's department of Blackwell's Island, says that milk or eggs are antidotes for liquor poisons, and those who must drink liquor should mix milk or eggs with their "poison," which will take effect on those articles instead of the toper's stomach.

Tetanus has been cured in France, in a number of cases, by extremely hot air baths, followed by hypodermic injections of morphia.

News Items.

The two celebrated museums collected by Ruysch were sold, the first in 1717, to Peter the Great, for 30,000 florins, and sent to St. Petersburg; the second was sold after his death, in 1731, to either the King of Poland or the Elector of Saxony, for 20,000 florins. Portions of the second museum have been examined and found to be worthless. The first, however, which still forms a part of the Anatomical Museum of the Imperial Academy of Sciences, is in a good state of preservation.—*Phil. Med. Times.*

Small-pox still prevails in this city and vicinity, and since our last report the number of victims has much increased, averaging over 80 for each of the past two weeks. Philadelphia reports the enormous average of 200 deaths weekly.—*New York Med. Record, Feb.* 1, 1872.

The Importation of Opium.—The money value of opium imported through the Custom House of New York City, in the year 1871, was $1,299,091.—*Ibid.*

Small-pox in England.—In the year 1870, 1,259 deaths were registered in the seventeen prominent cities and towns in England. No less than 13,174 persons fell victims to the disease, in the same towns, in the year 1871. The highest small-pox mortality in London, during the 31 years, 1840–1870, was in 1863, when 2,012 fatal cases were reported. Last year 7,876 fatal cases occurred in London alone; of which 2,400 occurred in the first, 3,241 in the second, 1,255 in the third, and 980 in the fourth quarters. The proportion of fatal cases to the population of the seventeen towns was 18 per 10,000; the ratio in London was 24, in Norwich 30, in Liverpool 39, in Wolverhampton 41, in Newcastle-on-Tyne 54, and in Sunderland 86.—*Ibid.*

The Jerusalem German Hospital.—During the last two years the German deaconesses, in their hospital at Jerusalem, have cared for 1,414 patients, belonging to nine religious sects. Out of this large number only 46 have died.—*Ibid.*

The Hop Pillow.—During the illness of the Prince of Wales, when all other remedies failed to produce a soporific effect, the old-fashioned hop pillow was placed under his head and quiet sleep followed.—*Ibid.*

The American Mother Growing Less Prolific.—Dr. Toner, of Washington, D. C., the statistician, in his diagram, shows that what is held up as the peculiar shame of Massachusetts is equally true of all her sister States. It is shown that only one-half as many children are now born to each thousand women as in 1800, and that there has been a regular decrease from one decade of years to another.—*Ibid.*

Book Reviews.

First Biennial Report of the State Board of Health of California, for the years 1870 and 1871. Sacramento, Cal., 1871.

This is a volume, in paper cover, of 203 pages, 90 of which is occupied by the report of the Board proper, and 113 by various papers under the head of Appendix. The California State Board of Health was created by a special act of the Legislature, for the purpose of promoting the vital and sanitary interests of the State. The present members of the Board are Henry Gibbons, Sr., M. D., of San Francisco, President; Thomas M. Logan, M. D., of Sacramento, permanent Secretary; J. F. Montgomery, M. D., of Sacramento; L. C. Lane, M. D., of San Francisco; F. Walton Todd, M. D., of Stockton; C. E. Stone, M. D., of Marysville, and Luke Robinson, M. D., of Colusa. The present report embraces a great variety of topics of much interest to all who desire reliable information concerning the sanitary condition and advantages of the Pacific side of the great mountain region. The question where to send invalids for a change of climate, whether

consumptives or otherwise, is of importance to every practising physician. As bearing on this subject, we quote the following from the report of M. H. Biggs, M. D., in reference to Santa Barbara :

"I beg to make a few remarks in regard to the climate of that portion of the county of Santa Barbara which consists of a narrow strip of land lying on the coast, beginning at Point Conception and ending at Point San Buenaventura, a distance of about sixty miles from west to east, bounded on the north by a high range of mountains called the Coast Range, and on the south by the ocean. The width of this strip is from two to four miles. About two-thirds of it is undulating or rolling land, the rest is in level spots, and all of the richest soil.

The principal feature of this region consists in, first, the almost due easterly and westerly direction of its coast ; secondly, the unbroken range of mountains, about three thousand feet high, which form a perfect barrier to and protection from the severe north and northeast winds which are so annoying and detrimental to health elsewhere ; and thirdly, in a chain of islands which lies along this favored portion of the coast, to protect it from the cold ocean fogs that roll in so uninterruptedly in other parts. These three peculiarities combined give that exceptional climate with which Santa Barbara is blessed ; its equal not being found on the Pacific coast, at least not outside of the tropics. The channel of Santa Barbara lies between these islands and the main land, and extends all the way from Point Conception to San Buenaventura. Every one, upon entering it, in coming down the coast especially, remarks the instant change of temperature after rounding the Point, and sometimes suddenly emerging from a thick driving fog and finding himself under a bright blue sky, with warm, pleasant weather, and to make the transition more complete, feels himself gliding along in smooth water instead of plunging through a heavy sea. Five minutes after passing the light-house on the Point, all the wretched sea-sick passengers on the steamer crawl out of their berths and go on deck to enjoy the delightful change.

"Our prevailing winds are west and northwesterly during the summer or dry months, and southeasterly during the winter or wet months. The wet season extends from about the middle of December to the end of March, with a rain fall of from ten to eighteen or twenty inches. The average temperature of summer is below seventy degrees, and about fifty-three degrees during winter. Frost is rarely seen, and sudden great changes in temperature never felt. It is considered exceedingly warm should the thermometer rise to seventy-eight or eighty degrees at noon, and it hardly ever exceeds this degree unless caused by fires in the neighboring mountains, which now and then occur during the fall of the year, when everything is dry.

"The most remarkable fact in regard to this region is the seeming impossibility for epidemics to visit it. The small-pox has ravaged the whole country three or four times since 1843. It has been singularly virulent in San Luis Obispo, the first town north of us, and also in Los Angeles, which lies in the next county south. During the prevalence of the epidemic, persons have come from these neighboring towns with the seeds of the disease, and have died in Santa Barbara within a few days of arriving, but some antiseptic property in the climate has prevented the contagion, and it has never spread. Scarlatina and diphtheria are unknown here. There are some instances of the measles having been brought here, and perhaps run in a very mild form through some of the members of the family first bringing the disease, but it has never spread as an epidemic. There are no malarious fevers. Persons who came here afflicted with fever and ague, rarely have more than two or three attacks. They soon become well, often even, without the use of antiperiodics. The climate seems sufficient to cure the malady. During a residence of twenty years I have only seen one case of membranous croup, and heard of two others. There is no disease endemic to Santa Barbara —nothing but what can usually be referred, either directly or indirectly, to some indiscretion in eating or drinking, or from unreasonable exposure.

"Many consumptives visit this part of the country, and derive much benefit from its equable climate, which makes it especially appropriate to this class of patients, who besides find much attraction in the pleasant drives along the hard sea beach, or in the healthful rides and walks up the many romantic little dells and valleys, and over the low rolling hills, covered here and there with clumps of evergreen, oak, sycamore, cottonwood, laurel, alder, and other trees and shrubs too numerous to mention. Game is likewise plentiful. We have good fishing in the mountain streams and in amongst the kelp in the channel, and every other attraction that one of these days will make Santa Barbara the favorite resort of invalids, convalescents, and all those who desire to pass a quiet, peaceful and healthy life.

"I bring this slight sketch of Santa Bar-

bara before the State Medical Association, suggestively, in case the question should ever be mooted as to the most proper place for the establishment of a State Hospital or Sanatarium."

Earth as a Topical Application in Surgery. Being a full exposition of its use in all the cases requiring topical applications, admitted into the Men's and Women's Surgical Wards of the Pennsylvania Hospital, during a period of six months, in 1859. By Addinell Hewson, M.D., one of the attending surgeons of the Pennsylvania Hospital. With four photo-relief illustrations. Philadelphia: Lindsay & Blakiston. 1872.

This is a neatly published volume of 309 pages, octavo; and contains a full explanation of the mode of using earth as a surgical dressing, with a large number of cases illustrating its advantages; and a closing chapter on the *modus operandi* of the remedy. The subject is one of much practical importance, and the book will amply repay both physician and surgeon for the time involved in its careful reading. For sale by S. C. Griggs & Co., Chicago. Price $2.50.

A Practical Treatise on the Diseases of Woman. By T. Gaillard Thomas, M.D., Prof. of Obstetrics and Diseases of Women and Children, in the College of Physicians and Surgeons, New York; Physician to the Rosevelt Hospital, New York, etc., etc., etc. Third edition, enlarged and thoroughly revised, with two hundred and forty-six illustrations on wood. Philadelphia: Henry C. Lea. 1872. Octavo, pp. 784.

The former editions of this work are so well known to the profession that little need be said concerning its general merits. The present edition shows a careful revision, and the addition of sufficient new matter to increase its size twenty-five per cent. It is written and published in good style, well illustrated, and constitutes one of the best practical works accessible to the student and practitioner. Our copy was received through the house of S. C. Griggs & Co., Chicago. Price $6.00.

Transactions of the Medical Society of the State of California. Years 1870–71. Sacramento, Cal. 1872.

This is a volume of 253 pages, published in good style, in paper cover, and contains the record of proceedings of the Society, and the addresses and papers read before the same. Among the more important papers are a Report on Surgery, by G. L. Simmons, M.D. of Sacramento; Coxalgia and its treatment, by L. C. Lane, M.D., of San Francisco; Medical Topography of San Diego, by D. B. Hoffman, M.D., of San Diego; Medical Topography of Santa Barbara, by M. H. Biggs, M.D., of Santa Barbara; On Quarantine, by W. I. Wythe, M.D., of Sacramento; Medical Topography of Petaluma, by G. W. Graves, M. D., of Petaluma; Why do we wear spectacles? by Ed. M. Curtis, M.D., of Sacramento; Ophthalmia and Aural Surgery, by W. F. Smith, M.D., of San Francisco; Hygiene, as regards the sewerage of San Francisco, by Arthur B. Stout, M.D., of San Francisco; Report of Committee on Practical Medicine, by Henry Gibbons, Sr., M.D., of San Francisco; Monthly and Annual Mortality of California, and the Corresponding Mean Temperature and Humidity at Sacramento, by Thos. M. Logan, M.D., of Sacramento. Everything about this volume goes to prove the existence of an active and valuable medical organization in the young State of California.

Transactions of Iowa State Medical Society.

This is the first volume of transactions published by the Iowa State Medical Society, and is a very creditable production. It includes the proceedings of the society for the years 1867–68–69–70, and a selection of the papers presented at each of the meetings.

Thyrotomy for the removal of Laryngial Growths, modified by Ephraim Cutter, M. D., Woburn, Mass. A Monograph.

Electricity in the Treatment of Diseases of the Skin. by George M. Beard, M. D.

Transactions of the Wisconsin State Medical Society, 1871.

A handsome volume containing a number of valuable and interesting reports.

Transactions of the Medical Society of the State of West Virginia, 1871.

A case of Hydrocele of the Round Ligament mistaken for, and operated upon, as a strangulated Hernia, with remarks, by Charles A. Hart, M. D. New York: D. Appleton & Co.

Original Communications.

THE NEEDS OF THE MEDICAL PROFESSION.

AN ADDRESS DELIVERED BEFORE THE ALUMNI ASSOCIATION OF THE CHICAGO MEDICAL COLLEGE, MARCH 12, 1872.

BY NORMAN BRIDGE, M. D., PRESIDENT OF THE ASSOCIATION.

The annual address before an Alumni Association seems almost a useless formality. It is our habit to expect certain things to be said, and said in a certain way. We look for congratulations that another year finds us together, and that another class is added to the alumni; for the statement that the influence of our Association ought to be greater; and that the members must be faithful to the organization; for a few reflections on our general working; and above all, we look for the information that our *alma mater* continues faithful.

We expect, too, that the address will, after apology for its own weakness and thanks for the honor conferred by allowing it to be made, send the few of us who gather at the annual reunion, back to our homes with benediction.

Let me say just as few such words as possible.

The aims and objects of this Association I need not stop to tell—every member understands them. Nor would words of mine induce members to act differently toward the organization than they have in the past.

We have now been in existence five years, and ought to be no stripling. Our membership numbers hundreds, and we have done some things which even *we* may call commendable. One, surely, has been offering a prize for an essay—the apathy on the subject of writing having proved our need of such a measure; another, perhaps, is the compiling of a necrology of our alumni, however much or little we have done for our *alma mater*. Three times has a prize been offered for the best essay—the first year it was not awarded for want of competing essays written according to the rules; the second year only two essays were presented, and this year not one.

How far this matter has come to look trivial by such neglect; what it indicates for the scientific and literary taste of the alumni, the Association may judge.

Shall we continue this offer of a prize, and hope that next year and the years to come more members will write?

I think we should.

Some of the most valuable of all contributions to scientific knowledge have been given to the world as prize essays. There is no considerable body of medical alumni anywhere who would not spurn the insinuation that no men in their ranks have ability to improve our literature and knowledge by their labors. The best minds in the profession have not refused to enter the lists for such a badge of excellence as this, but have been glad to compete for it, less, be it said, for its intrinsic value, than for what it stands for. Let us then offer the prize on the same conditions as heretofore.

If our help to the school of medicine that graduated us has been little, we may question the propriety of retaining this as a stated object of the Association; for the school is taking long strides in the right direction, whether our hands be pushing or not.

The child is always prejudiced in favor of his mother; he magnifies her virtues, and refuses to see her imperfections. We are exactly like other children. But I am sure that year after year substantial progress can be noted in the more peculiar work our benign mother started out to do.

Established as she was for an idea, to make practical and make a force of that principle her founders before and since have faithfully battled for, by slow degrees, one after another, the medical schools of the nation are incorporating that idea into their curriculi and requirements.

I do not say all the increased thoroughness in Medical College instruction of the last half-dozen years, is due to the example and influence of our *alma mater*, but nobody can deny her a major share of the credit of such progress. To say she never errs is to make her infallible. But if she does now and then a silly or an unjust thing, what of it! She is the foremost exponent this country has of advanced

ideas in medical education, and in the work actually done for the elevation of the standard of all good qualities in medical men, she stands to-day head and shoulders above all other institutions on the continent.

But if reforms have been made, others are needed. The medical profession is not perfection; it does not come up to the beau-ideal of any man; as a whole it may equal the example many doctors give us, but any one who takes the trouble to think what the profession ought to be, is sure to put the standard higher than its present average.

Then there is chance for improvement, and let any words of mine to those present here to-day, be a candid talk on some of the evils in the profession and some of their possible cures.

It is never a difficult task to criticize; fault-finding especially has always been an easy, albeit usually a mean business. It is, moreover, easier to tell a hundred bad things of a class of men, than suggest a sure way of curing one. But the gentlemen to whom these words are addressed are the very last in whose ears I would glorify the profession, and it has seemed to me profitable at this time to review some of the defections of our brotherhood, some of the bad things to be got rid of in order to become better.

Of course we all agree that the most pressing want of the average American doctor to-day is more knowledge about his business—more drill and thorough schooling in medicine. He needs to attend more lectures, read more books, and above all to have more opportunities for clinical study and observation; he needs to see more actual practice where he can study it, before he begins practice for himself and alone.

But the want of more thorough medical education, the need of more rigid requirements by the Colleges, a longer course and more terms, have been of late so thoroughly discussed that they are well understood, and I may pass them by.

Another of our great needs is more learning outside the medical sciences. One of the learned professions—if we care to accept or retain that title the world has seemed ready to accord us—one especially into the daily work of which such diversified problems enter, which deals with such vital interests as the medical profession does, should be made up of men of greater knowledge and broader culture than the average of American physicians. A physician, I think no one will deny, should have a degree of knowledge in all departments of general learning, especially all sciences, a general culture and taste second to no other professional man; he ought to have a sum-total of knowledge greater than any University is able to teach him.

Liberal education, whether gained in or out of school, separates the profession into two classes, of scientific men and empyrics. It not only, by the correct appreciation it gives a man of the weal of the profession, helps him to be an honorable member of it and not a charlatan from intention, but it frees him from liability to believe in humbugs and so be a quack from ignorance.

And in a profession like this, into the study and practice of which so much delusion and imposition always find their way, and with such ease, there seems to be nothing that can free a man from belief in such things—unless he has a kind of common sense so rare that few men possess it—except the influence of study.

Now this sounds, I know, like a school oration on the value of learning. But we cannot dodge the fact that medical men in this country are, many of them—the majority of them—deplorably ignorant, given to beliefs in direct conflict with both science and good sense, as well as practicing upon the people even more humbugs than they themselves believe in. So true is this statement, that in many parts the profession is held in practical disgrace. The term "Doctor" has come to mean either something supernatural and the gift of strange and unusual insight into human bodies, or to suggest a quarrel about matters it ought to be easy to understand among a set of men bigoted, conceited, and naturally jealous and combative.

A per cent. I would not like to name are horse-jockies and intemperate men; half of them know nothing of the primary branches

and little more of the practical branches of a medical education, above what they gained in their scant three years of time partly devoted to study before graduating; and certainly half the physicians in this country could not hold an intelligent conversation with a person of high culture, on topics which such a person would most delight in.

I once knew a man, a graduate of a New England Medical College, who had a fair standing as a physician in his neighborhood, who tried to make me believe that the weather of the last two days of each month was the index of the weather of the month following, and offered as proof to let me watch the point for a year and see if it did not come true. A decent degree of natural knowledge would have made it impossible for this man to believe such absurdity; yet he was a type of a class by no means small.

The profession, in ages past, has had so many senseless beliefs in matters of physiology and therapeutics, that we laugh at them. Yet we believe in this age that the sight of a bleeding throat by a pregnant woman will stamp a mark across the neck of her child, to say nothing of the belief in the efficacy of a thousand-decilionth grain of something as a medicine.

Out of this odium, from beneath this cloud, broad culture alone can lift the profession. But how always to gain this is less easy to say.

All agree it may best be begun with a four years' University course; doubtless it would be better if every physician was a graduate in such a course before his medical studies begin.

Although this may furnish often very questionable practical material for help in everyday life, it is acknowledged the best way in which to get well grounded habits of systematic thinking. And the course of those Medical Colleges, among which is our *alma mater*, that have made it to the advantage of all their students to have attended a University course, cannot be too highly commended.

But few medical students are able to begin their education with College drill, and many of us must do without any. Many of us come to our medical study direct from the farm, the workshop or store, unused to study, and here our first long schooling is received. We graduate and go out and locate, possibly with hands full of practice, certainly with minds full of the science of getting a livelihood; and from a very inconsiderable amount of work at first, which seems great, our cares grow from year to year, and we feel unable to devote more time to reading than will partially keep us posted in the literature of the profession and in the daily newspaper gossip. So we go through life with little addition to the stock of general knowledge we started with, and grow every day more fossilized. There seems, then, no way for nine-tenths of us to gain the knowledge and culture it is conceded we ought to have.

Now this would be true if the premises were not false. Possible we could not study general subjects before graduating in medicine; but it is false, that if we have a taste for such things, we can find no time to pursue them afterward.

The fault lies in the bad economy of time and in the want of inclination, chiefly the latter. Those who have strongest taste for books and study somehow do find time for both, although they do more work than we who complain of our burdens; they learn to use the moments that we waste.

Did only the right sort of men—namely, students—study medicine, voluntary self-culture would be for the profession all-sufficient. But men take up medicine on all pretenses; some blindly thinking it will make them rich; others for its supposed honors, and because it is expected to furnish a long rest from much work. These are more foolish than the first, for they forget that honors come only with work, and that a long rest means the sin of laziness. I knew a man who studied medicine chiefly because he liked to drive horses, and he knew that in a country ride his longing could be satisfied. He studied eight months and began practice.

Now we submit that no man should enter the profession who has not an innate love of science, of books—an ambition to know more and more, and to know the reason why of everything.

Here is our great professional crime! Physicians who, without this consideration in view, advise men to study medicine, who advise all to do it who would like to become doctors, are most surely culpable, and on their heads must fall the weight of obloquy cast on the calling. And my words to the graduating class of to-day, if they are worth anything, would be these: That if there is a man among them who is not so made up that he will, that he must, spend his spare time in study, to be each successive year a better balanced and a wiser man, my advice to him is to take his sheep-skin home as a curiosity, keep it securely, but not to hang out his sign or write a prescription while he lives.

Physicians should be life students, students of everything; they are not to-day, save in small minority. This fact gives ground for the sneers against the profession, for half the quackery, and is the reason more sick folks do not recover. In regular practice—the only broadly eclectic practice—it operates with special injury, making the work of the ignorant who handle double-edged tools and cut at random, show in bad contrast with that of such quacks as are shrewd enough to pursue an expectant course.

The only sensible remedy that I can think of, for this, our greatest drawback, is to stop making doctors who will not be students. Those whose views coincide with this may do something to elevate in this direction the profession now in existence; but men who dislike the closet cannot be made to like it, and our greatest good lies in guarding the entrance to the ranks of the profession, not in attempts to change men after they get in.

Another vice to be remedied is the flagrant want of generous conduct of practitioners toward each other; the lack of pride in the profession, its dignities and amenities. We want more *esprit-de-corps*, more ethics, more code of ethics. It has been said no association can make ethics for any man. That is true, but a body of men may agree as to certain principles of correct conduct that *are* ethics, which every member may live by conscientiously. It is contrary to the idea of a profession not to have such a rule; only by fidelity to establish good usage can opinions of reliability be engendered in others toward us. Could the American code—the acknowledged paragon of all written statements of medical ethics—be faithfully adhered to by all physicians, the medical, despite its lack of erudition, would be held for honor and magnanimity second to no other profession. Ethical conduct, what is it? Only more than the demeanor of a gentleman; the abandonment of all that is ungenerous and unjust.

We must be taught somehow that the profession of medicine has a duty society inexorably demands of it. That duty is in correct conscience to conserve human happiness—by improving human health. While the practitioner must have a living and full praise for whatever he does that is worthy, he has no right to gain or accept either to the neglect of this clear duty: if he cannot stay in the faculty on the basis of duty, he has the alternative to seek other avocation.

To teach this principle, ethics must be understood, and every Medical College course ought to be the means of teaching to students this American code. Men have been actually graduated in this city without being aware such a code exists; whereas every one should leave college with this document—so clear and simple, so just and sufficient—if not committed to memory, surely with its principles as fixed in mind as his own name.

But men do not worship the code greatly, nor obey it; most do the opposite.

Average it in city and town, and jealousies and bad faith have done as much to injure the profession as all its ignorance. It has come to be a wonder in certain parts for doctors to agree on anything, or to speak well of each other. When they do commend each other, it is surmised they have some interested motive, some ulterior purpose to serve; when they slander each other's professional character and knowledge, they are supposed to be in their normal condition. Their work has grown into a petty warfare to find which man can convince most patients that he and not his rival is to be trusted.

Doctors ought in a sense to be their own judges. Every pure man covets the good

opinions of others, but we value the opinions of those chiefly whom we know capable of judging us rightly. No true artist cares for the strictures of a boor on his work; neither would an essayist listen to the criticism of an ignoramus; those only of similar capacities can command our full respect by their opinions. And no man working in any field of worthy endeavor in the past, in literature, art or science, has been satisfied with himself unless he has gained some plaudits of his only competent judges.

How can the faculty of medicine be an honor to the age so long as half its members disregard or laugh at the opinions of the body as a whole, or the best part of it? Scores of them do this, and many an one acts apparently with the idea uppermost that every other doctor is his natural enemy, and he is no friend to any of them; he cares neither for their condemnation or praise, unless perchance the latter may sometimes bring him a fee. Not one such man has ever done a thing to make the profession a body to which one of fine sensibilities would like to belong; their influence has always been to lead minds in the direction of charlatanry, and to prevent any united effort and progress; their example has invited the profession to become a *trade*, the chief work of which shall be to make money and influence, in which every man shall try, regardless of means, to outstrip his neighbor, leaving to the devil the hindermost.

All the advances the profession has made have come through those who have aimed to make it such that students and good men might like to enter it. There have been men —and heaven help us add to their number— who, believing the profession should be nothing if it is not everything honorable, have lived by a high standard of ethics toward both practitioners and people; who, while studying to take a high place, have helped others up instead of pulling them down; who, in seeking to accomplish much, have had some charity for the shortcomings of others; who have carefully avoided word or deed that would make the brotherhood less worthy, less united and fraternal. They have somehow learned the truth that he who with malice aims a blow at another strikes hardest himself, and so have not struck at all. Into their professional life they have thrown somewhat of the sentiment of treating others as they would be treated—which, after all, is the groundword of that code of conduct we boast of. To such men we owe praise that the faculty is no worse, and with such men of the future lies the task of making it still less deserving of censure.

But to accomplish these good aims there is one thing practitioners seriously need; we all need it as a great help, less for what it is than for what it will aid us to do and to be; that is more close social and professional relations with each other.

Medical societies are a good thing both for knowledge and good feeling; with frequent meetings they keep us awake to the science and literature, and beget a spirit of emulation always wholesome. It is the feeling of every progressive physician that he ought to belong to a medical society.

Practitioners are too much isolated, they feel too little the force of each other's influence and existence. Isolation breeds exclusiveness, jealousy and selfishness; open communion, free mingling with others, alone makes us broad, charitable, cosmopolitan. Bring medical men face to face often, and all there is in them that makes human nature narrow and base would slink away for shame. There have been enthusiasts who think medical societies are a panacea for all professional ills; that if we would only all join them, then, to borrow the language, "we might all be happy."

At least this is true, that the present system of societies, completely organized, holding stated meetings for transaction of business and for discussion of scientific questions, is the only and so the best means generally undertaken in this country for bringing practitioners together to measure ideas, and for social intercourse. This system is good, and because it is organized, should never be abandoned. Yet many are dissatisfied with its formalism—its stiff parliamentary machinery. They complain that too much time is consumed in discussion of points of order,

and too little to scientific work. I know dozens of physicians who, for this reason alone, do not attend once a year medical societies to which they belong.

Moreover, such societies are never formed except in the larger cities, placing them practically beyond reach of the majority of practitioners.

It has been a study with some, in time past, to improve on this system. A few months ago two men in this city put their wits together to solve this problem, and such a solution as they have reached I will describe.

Their aim was to supplement the present societies by something that would supply a want which *they* could not, while their acknowledged work should not be disturbed: to utilize powers and elements of mind the societies could, in their nature, never command.

They have, as the result of their thought, brought forth a sort of medical society which, by what it has done so far and seems capable of, I think commends itself to the consideration of the profession.

I am so fully persuaded of its value, so sure of its benefit to those who have been favored with its privileges, that I must ask to describe it.

I would not dare put it forward as a new measure of reform, had its qualities not been tested by time; but it is now near two years old, it has had no drawbacks, but from the beginning a lusty growth—somewhat in size but more in strength—and gives promise of a long life.

I call it a *sort* of a medical society; but whether it is properly styled a society, a club, a sociable, or a meeting, I am at loss to decide.

It has no name, no constitution, by-laws or records; no officers or order of business; it has no regular or stated membership; it exacts no scientific duties of its members: it is never called to order, nor does it proceed in a parliamentary way; it is absolutely and in every particular informal. It does not know, save from meeting to meeting, where it is to be harbored. Its whole life rests in the understanding, clear and positive, of its members of just three things: That the meetings shall occur in the evening every two weeks, at the homes of the members, alternating; that conversation shall be the order, but that no formality shall be tolerated; and that there shall be in the course of the evening some very simple refreshments.

These principles were never put in writing; not all at once were positively agreed upon; but as they have seemed to work well, they have grown into the acceptance of the members until their infringement has come to be next to impossible. So every fortnight these men—a dozen and a-half—sit down together and spend an evening in conversation on any subjects that may please them best. There is no restriction: there is no saying Mr. President; every one is at his ease and is always in order. No extravagance or display is countenanced in refreshments, and alcoholic liquors are rigidly excluded. At whatever hour, then, the members find their homes, they are always refreshed and always sober.

Now, conversation is the most valuable means of communion; men tell here their best ideas, and say them just as they are, and here they think their best thoughts and break them to others; here they are, more than anywhere else, without hypocrisy—they act themselves. In these meetings of conversation, men get the cream of each other's minds, which comes with a frank expression; here men are found to be overflowing with knowledge and good thoughts who, could they be heard only in a formal meeting, would never speak, and they let go their gems of wisdom so silently and unconsciously they are not even made diffident by themselves knowing it. Men are heard here aright who, in an unwritten speech, could not fail to be misconstrued. Then these men are obliged to shake hands with each other, and to look each other in the face, and they know this must be repeated every two weeks; and if there were no other reason, this would compel them through the fortnight to be courteous to each other and all the profession. Men dislike to ask each other's pardon, and one will use twice the effort to avoid the necessity that he will in arousing moral courage to do

it. Add to this the fact that the whole society must sit down and entertain each other at a little feast, and you have all the elements needed to cultivate the best professional feeling and understanding.

And say what we will, we cannot deny the value of having something to eat at a social meeting of any kind. However simple, it makes the meeting less formal, and brings all the party nearer together; it makes them more kindly and considerate.

There is no way to make a man good as sure as to make him humble, and there is no way to make him humble so unfailing as to make him feel his need. As he bends to receive from mother nature her gift of food that nourishes him, he is a debtor and he feels it, whether he knows it or not. In the act and mood of receiving he banishes much or little of the acerbity and venom he has, and his heart grows warm as his body feels refreshed.

The benefits from this measure are confessedly great. It has made, with the other features of the meetings, this nameless, unwritten society a marked success. It is the unanimous verdict of the members that the meetings are the most profitable they have ever attended, both in a professional and in a social way.

Is this idea of a society worth copying? I think it is. Its value in a city is undoubted; in a sparsely settled neighborhood it might be far greater. Societies not unlike this could be maintained in any place where there are two doctors—provided all the physicians would unite on it—which cannot be said of the old societies. By such all the good gained by the project in Chicago could be realized, while they would have the advantage over us that, farther removed from association of numbers, living where the fields of labor of practitioners invariably run into each other, and men are exceeding liable to hit each other's elbows, the society would be enhanced in value in proportion to the lack of the professional advantages large cities can furnish. This sort of a club could exist where, on account of numbers, one of the organized societies could not be thought of; they prosper only with large numbers, this prospers best with few.

Could the two doctors, the only representatives of the profession in any town, fail to be friends and champions of progress if they would resolve to take dinner and a long talk with each other every two weeks, and carry it out? No, but at such a spectacle the people would open their eyes with wonder; they would repeat again the words of the lion and the lamb, and would hail this as the harbinger of a new millenium.

Clinical Reports.

EXSECTION OF HIP-JOINT FOR MORBUS COXARIUS.

BY N. SENN, M. D., ASHFORD, WIS.

L. C., æt. 10 years, the youngest member of a healthy family of children, was a vigorous, active boy until the latter part of summer in 1870. At that time he fell from a haystack, and as was thought at the time, sprained his hip. He was soon able to leave his bed, but walked quite lame. A few weeks after, the knee on the same side began to pain him, the hip became swollen and tender, violent constitutional symptoms followed, with hectic fever and rapid emaciation. In about three months an abscess formed in front of the upper part of the thigh, which soon opened spontaneously, and discharged a large quantity of pus.

The patient remained in a critical condition for several months, when he commenced to gain slowly, so that in the spring following he was able to walk on crutches.

During this time he had no medical treatment. When we saw him first, about six months ago, he was greatly emaciated; his countenance presented the appearance of severe and long-continued suffering. The affected limb was found in the following condition: Thigh strongly flexed and adducted; foot turned inward, so that the toes pointed towards the plantar arch of the opposite one; marked prominence of the great trochanter and gluteal region, with elevated gluteal crease. The limb was apparently greatly

shortened, so that in the erect position only the tip of the toes would reach the floor; but on actual measurement this shortening was found to be owing mostly to the faulty position of the pelvis and thigh. Pressure over the great trochanter towards the pelvis, caused intense pain; there was no mobility in the joint. The limb was considerably smaller than its fellow on the opposite side.

The opening through which the abscess had first discharged had never healed, but was the outlet of a constant, profuse and debilitating discharge. It was situated on the anterior aspect of the thigh, at the inner border of the sartorius muscle, about eight inches below the anterior superior spinous process of the ilium. Through this opening a large probe could be passed up into the hip-joint, where dead bone was distinctly felt.

The general condition of the patient, the extensive destructive changes in the anatomical structures of the joint, and the conspicuous deformity, excluded every other means for the successful management of the case except the last alternative—exsection of the joint.

This operation we performed on the 11th September, 1871, assisted by Drs. Marston, of Newcassel; Loehr, of Theresa; and Lusck, of Mayville.

The method selected was a slight modification of M. Sentin's operation. After the patient was thoroughly under the influence of ether, a straight incision parallel to the femur was made, extending from two inches above the great trochanter to four inches below; another one, about two inches in extent, was made perpendicular to the first in the lower flap, from the joint downwards; the tissues around the trochanter, and the muscles attached to it, were now carefully separated from it with the knife, the posterior portion of the capsular ligament divided, when the femur was forcibly dislocated upwards and backwards by flexing the thigh strongly upon the pelvis, adducting and rotating it at the same time inwards. The greater portion of the head of the femur, with some smaller fragments, was found loose in the acetabulum. The bone was now divided just above the small trochanter with a chain saw. As the shaft of the femur along its inner side was found to be denuded of its periosteum, the incision downwards was enlarged, and another section, about four inches long, of the shaft removed; below this the bone and periosteum were healthy. The acetabulum was not affected. Nothing could be found of the ligamentum teres. The hemorrhage was very slight. The wound was washed out with a saturated aqueous solution of carbolic acid, the long incision closed by interrupted silver wire sutures and adhesive plaster; the short incision was kept open by inserting a tent into it, so as to afford a free outlet to the suppurative discharges that might follow afterwards. The whole wound was covered with lint saturated with the same solution—a compress and bandage to retain it in its position; a straight, long splint was placed on the outside of the limb, and confined by means of a roller.

No shock followed the operation; the patient came out from under the influence of the anæsthetic very kindly. On the third day we found him happy and cheerful; he had suffered but little pain since the operation: sleep and appetite good. The groin and thigh were considerably swollen; the large incision had united almost throughout its whole extent by the first intention; extension by means of weight and pulley was now applied, and the limb dressed as before. The wound was directed to be injected and dressed daily with carbolic acid oil (1–12).

From this time the patient was under the able treatment of Dr. Loehr. About three weeks after the operation the doctor applied a plaster Paris dressing, including the pelvis and the whole limb, with the exception of an opening over the wound, to give exit to the discharge.

This dressing more than satisfied our most sanguine expectations. It kept the limb perfectly immovable, which added materially to the comfort of the patient and his rapid improvement. In six weeks the wound had entirely healed, and has remained so since. Three months after the operation the plaster Paris dressing was removed, and a wire splint applied.

THE
MEDICAL EXAMINER.
A Semi-Monthly Journal of Medical Sciences.
EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, March 15th, 1872.

EDITORIAL.

PHYSICIANS' RELIEF FUND—FINAL REPORT.

The committee appointed in October last to receive and distribute such contributions as might be made in money, books, or instruments, by the profession elsewhere, for the relief of those members of the regular profession here who had been placed in need by the great fire of October 9th, having completed the work assigned to them, made their final report to a public meeting of the profession held in the Criminal Court room on Monday evening, March 25th, 1872. The meeting was not large, but sufficient for the object. Dr. S. Wickersham was appointed Chairman, and Dr. A. C. Savage Secretary. The Secretary of the Medical Relief Committee, Dr. Walter Hay, gave a brief history of the work of the Committee, stating that the gross amount of money received from all sources and paid over to the Treasurer of the Committee, was $9,881.08. Of this sum, $32.50 had been used for the expenses of the Secretary, in paying for stationery, postage, and express charges. The remaining $9,848.58 had been appropriated to the relief of 91 practicing physicians, and 21 medical students, in sums varying from $30 to $350. The money had not been distributed all at once, but the Committee had met and apportioned it from time to time, as often as a sufficient sum accumulated in the treasury. In addition to the money, the Secretary had received about 70 volumes of medical books, 8 pocket cases of surgical instruments, 2 galvanic batteries, a few miscellaneous second-hand instruments, and 40 tons of coal—the latter from Dr. J. H. Rauch, of this city—all of which had been distributed except 14 tons of the coal, which remained on hand. Dr. N. S. Davis, Treasurer of the Committee, reported that he had received, at various times since the appointment of the Committee, the following sums of money:

From the physicians of	N. Y. City, total,	$5,800 00
" "	Brooklyn, "	1,338 00
" "	Philadelphia, "	1,115 00
" "	Cincinnati, "	457 00
" "	St. Louis, "	100 00
" "	San Francisco, "	253 08
" "	Washington, "	200 00
" "	Boston, "	157 00
" "	Lowell, Mass., "	105 00
" Rensselaer Co., N. Y., Med. Soc'y,		75 00
" Boyle " Ky., " " "		35 00
" Physicians in various parts of the country, in small sums,	"	246 00
	Total Receipts,	$9,881 08

The Report further showed that the Treasurer had paid in accordance with the orders of the Committee, to 91 practicing physicians and 21 students of medicine, the sum of $9,835.00, and to the Secretary of the Committee for his necessary expenses in postage, express charges, and stationery, $32.50. Total paid out, $9,857.50, leaving a balance now in the hands of the Treasurer of $13.58; which the Treasurer said he would take the responsibility of giving to the first physician in good standing among the sufferers by the great fire, who should be disabled by sickness, or otherwise placed in need.

In justice to the physicians of St. Louis, it was stated that, in addition to the $100 included in the above statement of receipts, they had promptly sent $900.00 soon after the fire, and distributed it by a committee of their own. Both Secretary and Treasurer presented written vouchers for all moneys and other articles received and distributed.

On motion, Drs. Wagner, Loverin, and Savage were appointed a Committee to audit the accounts of the Secretary and Treasurer.

They did so, and reported them to be correct.

Dr. Davis alluded feelingly to the death of Drs. A. G. Morgan and Young, both of whom were burned out, and having been indisposed previous to the fire, their demise was undoubtedly hastened by the calamity.

The President spoke of the Relief Committee, saying they had done their work admirably—better than any other persons could have done it.

After tendering a vote of thanks to them, and to the physicians who contributed so generously for the relief of their Chicago brethren, the meeting adjourned.

SUMMER MEDICAL INSTRUCTION.—The regular spring and summer course of instruction in the Chicago Medical College, will commence on Monday, the first day of April, and continue until the first day of July. The course will consist of three didactic lectures and examinations in the College, and from one to two hours of clinical instruction in the Hospital, each day, by members of the College Faculty. It is strictly supplementary to the winter course, extending the College instruction to *nine* months of the year, and is *free* to all the matriculated students of the College. The tickets of admission to the clinics of the Mercy Hospital are $6, and those of the Cook County Hospital $5, and both are good for one year from the date of their issue.

AMERICAN MEDICAL ASSOCIATION.—We call the attention of all our readers to the following circular in relation to railroad fares and hotel expenses for the coming Annual Meeting of the Association:

AMERICAN MEDICAL ASSOCIATION.
WM. B. ATKINSON, M. D.,
Permanent Secretary,
1400 Pine Street (S. W. cor. Broad),
PHILADELPHIA.

The Twenty-third Annual Session will be held in Horticultural Hall, Broad Street above Spruce, on Tuesday, May 7, 1872, at 11 A. M.

HOTEL ARRANGEMENTS.

Continental, Chestnut and 9th, $4 a day; Girard, Chestnut and 9th, $3 a day; La Pierre, Broad below Chestnut, $3 a day; Colonnade, Chestnut and 15th, $3 a day; St. Cloud, Arch below 8th, $3 a day; St. Elmo, Arch above 3d, $2.50 a day; American, Chestnut below 5th, $2.50 a day; Merchants', 4th above Market, $2.50 a day; St. Lawrence, Chestnut below 12th, $2 a day; Alleghany, Market below 9th, $1.75 a day; St. Charles, 3d below Arch, lodging only 50 cents a day; Miller's, 7th and Chestnut, lodging only $1.50 a day; meals at restaurant of Horticultural Hall, and Petry's, N. W. cor. Broad and Walnut, each 50 cents.

BOARDING HOUSES.

No. 318 South Broad, $2 a day, or $10 a week; N. E. cor. Broad and Spruce, $1.50 a day, or $10 a week; 329 South Broad, $2 a day, or $10 a week; 1327 Spruce, $2 a day, or $12 a week; 225 South Broad, $2.50 a day, or $12 a week.

RAILROADS.

Union Pacific, return free, if first-class tickets are bought, and an acknowledgment taken from the agent; Cumberland Valley, excursion tickets: Orange, Alexandria and Manassas, half fare for return; Pittsburg, Cincinnati, and St. Louis, excursion tickets; Pittsburg, Fort Wayne, and Chicago, excursion tickets; Cleveland and Pittsburg, excursion tickets; Central Railroad of Georgia, return free; Richmond and Petersburg, return free; Wilmington and Weldon, excursion tickets one fare; Wilmington, Columbia, and Augusta, excursion tickets one fare; Kansas Pacific, one and one-fifth fare for excursion; Atlanta and New Orleans Short Line (A. and W. Pt. Western, Mobile, and M. N. O., M. and Texas Railroads), return free; Western and Atlantic, excursion tickets one fare; Western Alabama, excursion tickets one fare; Evansville and Crawfordsville, excursion tickets; Lehigh Valley, excursion tickets one fare; Louisville and Nashville, excursion tickets; Memphis and Louisville, excursion tickets; North Pennsylvania, excursion tickets two-thirds fare; Pennsylvania Central, excursion tickets; Philadelphia and Erie, excursion tickets; Philadelphia, Wilmington, and Baltimore, excursion tickets; Philadelphia and Reading, excursion tickets at two-thirds; Baltimore and Ohio, excursion tickets; Lake Shore and Michigan Southern, excursion tickets if forty are taken.

All who desire to avail themselves of the above rates, must send to the Secretary their full names, and the names of *all* the railroads over which they must travel in coming to the session, with stamp for postage.

WM. B. ATKINSON.

SPECIAL.

Camden and Amboy, excursion tickets at $4 from New York to Philadelphia and return, if fifty tickets are taken. For this ticket, send money to Dr. A. E. M. Purdy, 123 East Thirtieth Street, New York.

From Montgomery, Ala., to Philadelphia, and return (by Tennessee), $39.80. Apply through Dr. R. F. Michel, Montgomery, Ala.

From Washington to Philadelphia and return, $6, if fifty tickets are taken.

Central Pacific, half local rates.

The Western Lancet.—This is the title of a new monthly medical journal published at San Francisco, the first number of which is on our table. It makes a good appearance, and we cheerfully place it on our list of exchanges.

The Lens; a Quarterly Journal of Microscopy and the Allied Natural Sciences. The first number of this valuable journal is before us. It is published under the anspices of the State Microscopical Society of Illinois, and edited by S. A. Briggs. It is to be issued quarterly, contains 64 pages of reading matter, and is well illustrated. It will be a periodical of special value to all who are interested in microscopical investigations.

Gleanings from Our Exchanges.

Dr. Thomas Addis Emmet, Surgeon to New York State Woman's Hospital, contributes an article on "Chronic Cystitis in the Female," to the *American Practitioner* for February, 1872. He dwells on the terrible results of cystitis if long continued. The surgeon is to discover, if possible, the cause of the cystitis; it may be a rectocele, cystocele, prolaps or version of the uterus, hemorrhoids or fissure of the anus, in fact almost any disease affecting the uterus, vagina, rectum or digestive organs.

The first method of treatment that he recommends after these preliminaries have been attended to, is the frequent injection of large quantities of warm water into the bladder, through a double catheter. If the injection has been followed by much pain, it should be followed by a solution of morphine also injected into the bladder. If this treatment fails after a fair trial, cystotomy should be at once resorted to. The writer claims that the operation, if performed before the kidneys are involved, is as safe as any one in minor surgery. He has done the operation a number of times, with success in every instance. His method of operating is to introduce a sound into the bladder, where it is held by an assistant, with its point pressed firmly against the base, directly behind the neck. While the sound is held in this position, the projecting tissue is seized with a tenaculum, an opening is made, and the sound pushed into the vagina. Still holding the sound in the opening, one blade of the scissors is introduced into the bladder, and the opening is enlarged along the median line towards its base. The bladder is then to be washed, and the opening to be kept patulous at first, by the careful introduction of the finger; but if that will not suffice, a hollow stud, made of glass tubing, half an inch in diameter, may be used. The flange which is within the bladder need only be narrow, not much more than a slight flaw; the external flange should be wider; the length of the stud should be only slightly greater than the thickness of the vesico-vaginal septum.

A New Pessary.—Dr. James Blake, of San Francisco, describes a new style of pessary in the *Pacific Medical and Surgical Journal* for February, 1872. The form of pessary is that of a Hodge or Hewett, the ends being cut out of sheet brass, and the sides of stout No. 1 watch spring soldered to the ends. After the parts are soldered, the instrument is to be varnished with India-rubber varnish, to prevent the corrosion of the steel by the sulphur in the rubber, which is next to be applied. Strips of sheet India-rubber slightly wider than the watch spring, are next to be fastened to their sides with varnish. Over this strips of thin sheet rubber, about a quarter of an inch in width, are to be wound so as to overlap slightly. About three layers are required. The first is to be wound tightly and the last loose. The ends are to be well stuck down, and the whole covered with about five coats of India-rubber varnish. The varnish is made by dissolving India-rubber in chloroform, and adding one-tenth of its bulk of a solution of asphaltum in chloroform, which has been allowed to settle before using.

Traumatic Tetanus Treated with Electricity.—Hamilton Griffin, M.D., reports in *American Practitioner*, Feb., 1872, a case of tranmatic tetanus treated with electricity, in which recovery followed.

Tartrate of Iron and Potassa in Typhoid Fever.—Chas. H. Gordon, M.D., in *Pacific Med. and Surg. Jour.* for February, states that he has used tartrate of iron and potassa in typhoid fever with marked benefit. Dose—five grains twice a day, increased in third week to double the quantity.

Dr. Neil, of Philadelphia, in *American Practitioner*, Feb., 1872, reports a case of injury to the arm, in which gangrene and a very low condition appeared to follow the use of hydrate of chloral: on stopping the chloral and giving morphine, the patient improved rapidly.

Dr. D. T. Gillman advocates the administration of acids in certain cases of rheumatism, on the ground that the production of lactic acid is favored by an alkaline condition of the blood.—*Cincinnati Clinic, Feb.* 17, '72.

Dr. Ferrell reports excellent success in the treatment of acute dysentery by the use of ipecacuanha as an enema. His prescription is a drachm to six ounces of mucilage, repeated three or four times a day.—*Ibid.*

Dr. J. Bradley relates a method of treating certain inflammations by exhausting the air from around the lower extremities, thereby producing congestion of that part and abstraction of blood from the inflamed part, giving all the benefits of blood letting, and at the same time saving the blood. He has tried it in pneumonia, with excellent results. —*Ibid.*

Billroth on Ovariotomy.—This eminent surgeon, in his "Reminiscences," published in the *Wiener Med. Wochenschrift*, says of ovariotomy:

First of all, surgeons must dismiss from their minds that ovariotomy is a dangerous operation; and, through the medium of well-informed practitioners, this conviction must make its way with the public. After ovariotomy, skilfully performed according to the rules of art, recovery is the general rule, and a fatal issue the constantly diminishing exception. Comparing it with some other operations, ovariotomy, taking the mass of cases, is shown by statistics to be less dangerous than amputation of the thigh, disarticulation of the shoulder and hip-joints, or excision of the hip or knee. Its danger is about the same as that of amputation of the arm, excision of the shoulder, partial excision of the jaw, lithotomy in the young, and similar operations. We must, however, perform ovariotomy strictly according to the rules laid down by the English operators in their classical works; and only after having attained the same results should we venture to practically put into force our own ideas, in order to improve upon these. I had the good fortune to see Spencer Wells operate upon two complicated cases, and from them, as well as from oral communication with this remarkable man, I learned much. I constantly follow his precepts, knowing that he has long since thoroughly thought out and tested all that can happen to myself. I shall willingly regard myself during my lifetime as his scholar; and contented shall I be if it falls to my lot, by means of this operation, to snatch from certain death one-half of the number of lives he has been enabled to save.

Up to the present time I am tolerably contented with my results. I give here a short account of them, in order to encourage the performance of these operations, and especially to inform the colleagues into whose hands these lines may fall that I have, personally, no reason for supposing that the results attendant upon ovariotomy will be less cheering in Vienna than they are in London. Hitherto I have performed it nine times, and of these patients only two have died, giving, therefore, only a mortality of 22.2 per cent. The first four cases recovered one after another; then two fatal cases occurred, to be followed again by three recoveries. The first case is related in my Zurich "Chirurgische Klinik," and the second, third and fourth cases in the "Chirurgische Klinik," published at Vienna in 1868.—*New York Medical Journal, Feb.*, 1872.

Chloral in cod-liver oil is said to render it much less nauseous, and prevents the night-sweats of the phthisical patient, induces sleep, and creates appetite. The pure chloral-hydrate crystals may be added to cod-liver oil in the proportion of 10 grains of the former to 190 of the latter.—*Ibid.*

Dr. C. C. Ritchie, in *London Practitioner*, states that the hypodermic injection of five grains of ergotin, will stop the bleeding in hæmoptysis speedily, when all other means have failed.—*Ibid.*

Compressed air is said to cure whooping-cough.

Ophthalmoscope in Bright's Disease.—In a paper read before the Boston Society for Medical Observation, Dr. Williams relates two cases of Bright's disease in which the autopsy proved conclusively the correctness of the diagnosis of Bright's disease which had been made by the ophthalmoscope. The disease of the kidneys was not suspected before the examination with the ophthalmoscope. He says that in cases of kidney disease, accompanied by changes in the retina, the prognosis was always unfavorable.—*Boston Medical and Surgical Journal, Feb.* 15, 1872.

Absence of Vagina.—Dr. Curtis reports to Boston Obstetrical Society, a case of complete absence of vagina in a girl 16 years of age, there being distension of abdomen, with pain at each probable menstrual period. An operation was performed, resulting in the discharge of a thick chocolate-colored fluid. Pain and abdominal tenderness followed, and the patient died about two weeks after the operation.—*Ibid.*

Periodical Headaches.—Dr. Bradnock reports a method of treating periodical headache, which he claims to be original as well as effectual in curing the disease. He enumerates several of the symptoms, and claims that these all point to either active or passive congestion of the brain or its membranes.

The treatment divides itself into two parts—first, what is proper to be done during the attack; second, what is proper in the interval. He claims that there is always constipation of the bowels, consequently, if he begins treatment during the interval, he gives one or two of the following pills:

℞ Mass hyd.
Ext. coloc. com.
Pulv. aloes soc. aa xi.
Pulv. ipecac, gr. vi.

M. Ft. pil., No. xij.

To be followed by one (1) drachm of sulphate of magnesia. Then he begins with three drops of liquor potassa arsenitis, to be taken in a drachm of water after each meal.

If the patient is delicate and complains of coldness of the extremities during the attacks, and frequent chilliness during the intervals, he substitutes the following:

℞ Liq. arsenicalis hydrochloric, ʒ ss.
Quiniæ disulphat, gr. xij.
Lig. ferri perchloride, ʒ ij.
Aquæ, ʒ vi.

M. (S. One tablespoonful in a wine-glassful of water, twice a day, after meals.)

Whichever one of these is given, it is to be interrupted once in three weeks, and the first prescription given.

When the attack begins he places the patient in a chair, with the head elevated, the feet in a hot mustard bath, the hands in warm water, and a bag of ice on the head, if it can be borne, and gives the following prescription:

℞ Potasii bromid, ʒ vi.
Ammon. bromid., ʒ ij.
Potasii iodide, gr. vi.
Infus. columbo, f ʒ iij.

M. S. One dessertspoonful in an ounce of water.

This treatment persevered in three or six months, he claims, will cure nearly every case. —*Buffalo Med. and Surg. Journ., Feb.*, 1872.

News Items.

Honors Declined.—Profs. Billroth and Brucke, of Vienna, have been offered chairs in the University of Strasbourg. They have, however, decided on remaining in Vienna.

Death of Sir James Murray, Bart., M.D. —The death is announced of this veteran of our profession at the ripe old age of eighty-three. He has been for many years Inspector of Anatomy for Ireland, and physician to the Lord-Lieutenant. He was born in 1788, was educated at Edinburgh and at Trinity College, Dublin, and received the honor of knighthood in 1863.—*Dubl'n Med. Press and Circular.*

A Centenarian Physician.—Dr. Francis Hay, of Columbus, Ohio, recently celebrated his one hundredth birthday. The doctor is a native of Bavaria, having been born in Wurzburg, December 8, 1771. He was a student at that place, and there acquired his profession. In 1834 he came to America, and practised his profession successfully in various parts of this country, and in 1861 went to Columbus, where he has resided ever since. His wife, to whom he was married in 1802, is

now in her ninety-fifth year, is quite nimble and healthy, and bids fair yet to survive a number of years. The doctor himself is wonderfully lithe and strong for one so old. He is frequently seen upon the streets walking with a firm and steady step, and as upright in his carriage as a man in the prime of life. He is perfectly able to help himself, and in the care of his person asks for no assistance from any one.—*Philada. Med. and Surg. Reporter.*

Appointments, Honors, Etc.—Dr. Billod, chief physician to the lunatic asylum of the Seine, at Epinay-sur-Orge, has received from the inhabitants of his commune a gold medal, purchased by subscription, in recognition of his services during the siege of Paris. The Cross of the Legion of Honor has been sent by the French Government to Madame Pochet, of Havre, for services rendered during the war. The honorary membership of the Royal Society of Sciences of Brussels has been conferred on Sir James Paget and Sir William Ferguson. Dr. Tilbury Fox has been made a member of the Leprosy Committee of the Royal College of Physicians. Mr. John Hilton has been elected President of the Pathological Society of London for the year 1872. A subscription is on foot among the profession in Italy to strike a gold medal to be presented to Virchow. M. Barth has been elected President of the Academy of Medicine, of Paris, for the present year. The degree of LL.D. has been conferred by the Faculty of Princeton College on Drs. Abraham Coles, of Newark, and Hugh L. Hodge, of Philadelphia. Dr. Bamberger has been elected to the chair of Medicine in the University of Vienna, to succeed the late Professor Oppolzer. Dr. Tyson has retired from the position of assistant editor of the *Philadelphia Medical Times*. Dr. Thomas W. Evans, of Paris (an American), has been promoted to the rank of Commander in the Legion of Honor.—*New York Med. Times, Feb.*, 1872.

Small-pox in Hamburg.—According to information furnished by the Hamburg Board of Health, there were in that city, from Aug. 19 to Nov. 18, 1871, 5,707 cases of small-pox, with 1,047 deaths, 696 cases remaining under treatment. The following are the statistics as regards vaccination :

	Vaccinated.	Unvaccinated.
Recoveries	2,954	1,010
Deaths	347	700

A Memorial to Jenner.—It is proposed to erect a memorial window in the old church at Berkeley, Gloucestershire, England, to perpetuate the fame of Jenner, who lived and died in Berkeley. The sum of £500 is needed for the purpose, and the subscription list is headed by the names of three earls.

NECROLOGIST'S REPORT.

To the Alumni Association of the Chicago Medical College :

Your Necrologist has the honor to present biographical sketches, as full as he has been able to make, of Dr. W. H. Peavler and Jas. F. Flemming ; also, an unfinished memoir of Dr. Otho Bonser, all deceased alumni of our *alma mater*. The unfinished paper, it is hoped, will be completed by the next annual meeting. A very full biography of Dr. M. N. Rust will also at that time be presented.

The exceeding brevity of these biographies is a matter for regret, but it is unavoidable. The gathering of facts of the personal history of individuals who have never been notorious, by one often at a distance from friends of the deceased, who is obliged to get facts through letters long delayed, and often brief and insufficient, must be slow and at times necessarily unsatisfactory.

Of the eleven alumni so far reported as deceased, it has been impossible to gain any facts regarding the following five : J. M. Kendall, D. J. Alloban, E. B. Rockwell, J. J. Samuels and Geo. Ware Wilson. To supposed friends of some of them, letters of inquiry have been addressed, but so far no replies have been received. Regarding the others, nothing has been elicited as to where to seek for information. Respectfully submitted, N. Bridge, *Necrologist.*

Chicago, March 12, 1872.

W. H. Peavler.—*Class of* 1865.

Dr. W. H. Peavler was born in Pecan, Washington Co., Ind., August 4, 1838. He was the second of a family of twelve children —seven girls and five boys. His father, Gabriel Peavler, a farmer, was born in Sullivan Co., Tenn., January, 1813 ; his mother was born in Indiana, in 1819.

Young Peavler removed with his parents to Illinois, in September, 1850. He attended a common district school during winters, spending his summers in work on the farm, until he was sixteen years of age, when he entered a higher school at Marshall, Ill. After remaining here six months, he became

a clerk in a drug store. A year from this time found him teaching school not far from Melrose, Ill. On the expiration of his term at this place, he took a school near Spring Garden, whither his father's family had removed. He taught this school six months; he taught afterward six months in another school in the vicinity.

In the spring of 1858 he fell in with the current of popular feeling—credulity about the mining wealth of the region of Pike's Peak. In May of that year he joined the caravan that was long and hopeful, and that was directing its way westward. With others he was disappointed in the mission of his pilgrimage to the mountains, and he returned, injured in health, in December following his departure. He very soon began again his occupation of school teacher, remaining in school another half year.

In the spring of 1859 he purchased a horse and wagon, and set himself up in the peddling business, dealing in dry goods, notions, etc., and buying produce of all sorts.

But at this occupation he did not succeed well, and he only followed it one season. He then sold his outfit, and began at once the study of medicine.

This was in the autumn of 1859. He studied about a year, and taught school the winter following; then he resumed his studies.

In the spring of 1862 he volunteered for the army, and enlisted in the 49th Regiment Illinois Volunteers. He was soon detailed to do duty in Mound City General Hospital, as ward master. In this capacity he served about one year; it was, however, over three years before he finally left the service, and when discharged he had attained the rank of sergeant. During his term of service, Peavler obtained leave of absence, as he supposed, for ninety days. He came home, and immediately repaired to Ann Arbor and entered the medical class. He was ordered back to duty, however, at the end of fifty days, evidently much to his disappointment. This was about April 1, 1864.

Not until after his final discharge from the army was he enabled to take up again his medical college study. He came to Chicago then, and entered the Chicago Medical College, and graduated with the class of 1865. His first course of lectures was thus of only two months' duration, while his last was a full term.

His first shingle was hung out in DuQoin, Ill., with an elderly practitioner by the name of Jones. But the partnership did not last long, and Peavler began business for himself.

In fourteen months from this time—namely September 15, 1866—Dr. Peavler was attacked with cholera and died in ten hours. His was the only case occurring in his town during that season.

Dr. H. Wardner, who was surgeon-in-charge of Mound City Hospital at the time Peavler was there, has written a letter in which he says of him: "He was a young man of delicate constitution, but most excellent character and habits. An honest, faithful physician, he fell a prey to the dread scourge of cholera in the summer of 1866, while at his post amid his patients."

Dr. Peavler was never married. He had been a member of the Sons of Temperance for many years; he was also a member of the order of Good Templars, of the Odd Fellows, and of the Masonic fraternity.

Very curiously, two brothers of Dr. P. had hair and eyebrows perfectly white, and one sister had white hair at birth. None of the rest of the family had this peculiarity.

JAMES FRANCIS FLEMMING.—*Class of* 1865.

Dr. James F. Flemming was born about the year 1843, on North Dearborn, near Kinzie street, Chicago. His parents were both Irish. His father, Wm. Flemming, was by trade a tailor; he had resided in Chicago many years. He was at one time considerably known in connection with local politics. he died about ten years ago; his widow still survives.

Dr. F. was at a very early day sent to a Catholic school, the school since located on the corner of Superior and N. State streets. He continued here until he was eight years of age, when he was put into the College of the same sect as a boarder—a boarding pupil—where he remained until the College was

broken up. Then he was sent to St. Louis and put under the instruction of Rev. Father Dijon. At this time he was about ten years of age. He remained under this teacher two years. He then spent a year in the Brothers' school in St. Louis, when he went to the Cape Girardeau College. Here five full years were spent in study, when the lad returned to Chicago. Not long after his return he was employed as a teacher in the College of the Holy Name, remaining about one year.

His parents had, almost from his infancy, intended him for the priesthood. With this object in view his education had been planned, and had been made thorough.

But about this time he conceived a desire to study medicine. After deliberation, he determined to do this, and entered the office of Prof. Byford as a student. All his lectures were attended in the Chicago College, and he graduated in 1865.

He entered the army in 1864, a few days after his twenty-first birthday; he was connected with the army eleven months, and belonged to a regiment of colored troops.

While in the army he was accidentally thrown from his horse, and so severely injured that he could not longer remain in the service. He was sent home, and died on March 31st, two weeks after his arrival; he died in Mercy Hospital.

Dr. F. was the last survivor of a family of four children. Two died in early childhood. A sister, Ellen M., died only a year before his death—namely, on May 24, 1864.

Dr. F. was never married, nor did he intend to. He entertained a strong hope to the last, which he often expressed, of finally entering the clerical profession. With this view he determined not to marry; but his want of experience in the world, and his high idea of what the priesthood ought to be, made him feel it his duty not to enter it until he became older.

It is said that a piece of ice of the size of a horse chestnut, put into the rectum every two hours, will speedily relieve retention of urine.

On the First Insensibility from Ether.—Dr. John H. Packard calls attention to the fact that there is a first insensibility produced on the administration of ether, which is followed by a stage of excitement. This first insensibility may be taken advantage of by the surgeon in the performance of slight operations, like opening whitlows, etc., without the trouble to himself and the patient of carrying the process to complete anæsthesia. A little ether is to be poured on a towel, the patient directed to inhale fully, and at the same time raise the hands, and to keep his attention fixed on them. When the hands drop, do the operation promptly.—*Philadelphia Medical Times, Feb.* 15, 1872.

Hypodermic Injection of Morphia in Dysentery.—Cases of dysentery cured by hypodermic injections of morphia alone are recorded by Dr. Thomas J. Gallagher, of Pittsburgh, Pa., in the *N. Y. Medical Journal*. The pain and tenesmus are instantly relieved by this method, and the cure is much quicker than by the usual procedure; also, the administration of frequent doses of nauseous drugs obviated. From one to two injections, mostly but one, daily, is all that is required.—*Ibid.*

Treatment of Diabetes.—Dr. G. Moore, of Hastings, (*British Med. Journal*,) lately read a paper on a case of diabetes of three months standing. The patient had previously been rigorously dieted. Under a bread and milk diet (three pints of the latter daily) and the administration of effervescing salines, with iron, the urine became perfectly free from sugar in a fortnight, and the patient speedily gained flesh and strength. Dr. Moore expressed himself strongly in favor of the free use of milk in such cases.

Money Receipts to March 1st, 1872.—Drs. Peck and Moore, $3.00; Dr. F. N. Foote, $3.00; H. Wardner, $6.00; J. O. Harriott, $3.00; C. H. Harvey, $3.00; N. Shilling, $3.00; S. S. Strayer, $3.00; D. J. McMillan, $3.00; W. H. Byford, $6.00; R. C. Hamill, $3.00; Thos. Bevan, $6.00; S. J. Jones, $6.00; A. Fisher, $3.00; B. Wilson, $3.00; T. D. Palmer, $9.00; Thomas L. Jacker, $9.00; Joseph Tefft, $5.00; J. A. Parmenter, $3.00; W. P. Welch, $3.00; E. A. Shafer, $2.00; M. O. Heydock, $3.00; C. S. Ford, $6.00; S. Marks, $3.00; D. Norcom, $6.00; I. N. Lilly, $3.00; S. D. Humphrey, $3.00; H. W. Kendall, $6.00; R. Ludlam, $3.00; C. Goodbroke, $3.00; C. C. Reichard, $3.00.

Original Communications.

CASES OF CEREBRO-SPINAL DISEASE IN THIS CITY DURING THE MONTHS OF FEBRUARY, MARCH AND APRIL, 1872. REMARKS ON THE TREATMENT OF THE SAME.

(Read to the Chicago Medical Society, April 15th, 1872.)

BY N. S. DAVIS, M.D., ETC.

Both personal observation and the statistics of mortality furnished by the Board of Health, show an unusual prevalence of cerebro-spinal disease of a serious nature, in this city during the past two months. For instance, the certificates of death returned to the health office, show 13 deaths from cerebro-spinal meningitis in February, 44 in March, and 22 during the first week in April. This not only indicates an unusual prevalence of cerebro-spinal disease, in the city, but also that it is rapidly increasing. The first case that attracted my attention was that of a young man employed as a clerk in a store, who sent for me on the 1st day of February. He was boarding at 810 Michigan avenue.

He had been attacked two days previous with chilliness and a severe pain in the head, for which he went to a physician who gave him some cathartic medicine. It operated freely on the bowels, but afforded no relief to his head. I found him in a reclining position; some flush of redness in his face, and an expression of suffering; averse to free motions, especially of the head; some general increase of sensibility or hyperæsthesia; temperature moderately increased; pulse 90 per minute, firm, and moderately full; respirations 20, and a little unsteady; tongue covered with a white coat, but moist; urine free; abdomen natural; mind despondent; and complaining of an intense pain, mostly in the lower part of the anterior region of the head, and extending at times to the occiput. The temperature of those regions of the head and the pulsation in the arteries was greater than in the other parts of the body. The pupils were small, with slight photophobia. The assemblage of symptoms was such as caused me to think there was positive inflammatory hyperæmia in the base of the brain.

The following day the pain was less intense, but in all other respects the symptoms were unchanged, except the addition of slight stiffness of the muscles of the neck, and complete aphasia. The patient understood whatever was said to him; but, in reply, repeated a number of meaningless words, mostly monosyllables, and often appeared vexed that those around him could not understand him. He was now moved to the house of a friend on Cottage Grove avenue. There, for three days, he claimed to be each day better. He recovered the power of expressing his thoughts, and had less pain in his head. But his neck remained stiff; his pulse variable; mind more dull and wandering, especially during the night. There was less febrile heat; the tongue more clean; the urine more abundant; and he insisted on sitting in his chair and taking some food every day. On the night of the 6th, his symptoms became more aggravated; his head was more retracted; mind more dull; pupils considerably dilated; pulse slow and intermitting; respirations very variable; and urine more scanty. On the 8th there was evident hemiplegia, with divergence of one eye; and entire coma followed, ending in death on the morning of the 11th. No *post mortem* examination was allowed. Since the 1st of February, a period of 72 days, there have occurred in my own practice 40 cases, sufficiently well characterized to render the diagnosis reasonably certain.

I have seen several other cases in consultation with other practitioners during the same period of time. Of the 40 cases here alluded to, 21 were in the South Division, 15 in the West, and four in the North Division of the city. Six were adults between the ages of 20 and 30 years; ten were between 5 and 15 years; and 24 were between 6 months and 5 years of age. Of the whole number 7 have died, 27 recovered, and 6 remain under treatment. Of the latter, one will probably soon terminate fatally, and the other five have a fair prospect of recovery. Of seven deaths, 3 were of adults over 20 years of age; 1 was 5

years, 1 was 3 years, and the remaining 2 six and seven months respectively.

The duration of the disease has varied much. Of the seven fatal cases, one continued 12 days, one 7 days, one 5 days, one 6 days, one 4 days, one 28 days, and one only 20 hours. Three of these cases were brought under treatment at the commencement of the attack; the other four were seen so late as to admit of only from one to three visits each. The cases that recovered have required treatment from one to four weeks each.

Four-fifths of the cases included in this report have occurred among the poor and laboring classes of people, and in a territory or part of the city bounded by East and West Harrison street on the north, south by Twenty-sixth street, east by State street, and west by Centre avenue. Yet one of the most rapidly fatal cases in the list was a little German boy five years of age, living on Wabash avenue, near Fourteenth street, who died within 20 hours from the attack.

In many instances only one child or member of a family has suffered from the disease, while in a few cases three or four in the same family have been prostrated within 24 or 36 hours. In one small house on the rear end of a lot on State street, north of Sixteenth, three children were attacked within the same 24 hours; another was attacked in the house on the front end of the same lot; another in the adjoining house south; and two others in the care of another physician in the adjoining house north. I have been unable to gather any evidences of the contagiousness or communicability of the disease. The cases have varied much, both in the severity and variety of symptoms, and yet have preserved enough of uniformity to identify them as belonging to one group, and dependent on some common pathological conditions. For instance, in all the cases the access of the disease is sudden or abrupt. They all give evidence, at first, of unusually severe pain in the head, with very variable neuralgic pains in distant parts, especially in the abdomen, thighs, and legs; and in from one to three days rigidity of the neck, with some retraction of the head and general hyperæsthesia sufficient to cause even the youngest child to manifest signs of distress on being touched or moved. In nearly all the cases there has been during the first twelve hours active vomiting, increased by raising the head to the erect position, and in some co-incident purging. These gastric and intestinal symptoms have seldom continued beyond the first one or two days. The temperature is generally increased, especially in the back of the head; the pulse frequent and firm; respirations increased in frequency, and, in most cases, panting like one excessively fatigued from severe exercise; face flushed, and expression excited and anxious at first, but subsequently dull, with dilatation of pupils; urine generally scanty and high-colored, but in some cases abundant throughout the whole duration of the disease; tongue covered with a white fur; mouth moist; and after the first one or two days, bowels inclining to constipation, with the abdomen flaccid and entirely free from tympanites. About one-third of the cases present some red, erythematic spots on the skin between the third and seventh days of the disease. These spots vary much in size and number, as well as in shade of color. In the milder cases they are bright red, and often so few in number as to attract no attention unless looked for particularly, and in others they are so numerous as to create the impression that the case may be one of scarlatina. In the more severe cases the spots are darker in color, larger in size, and in two cases they were accompanied by tumefaction from subcutaneous infiltration, as in erysipelas. In a young woman who died on the fifth day after the attack, but whom I did not see until the day previous to her death, there were numerous large purple hemorrhagic spots on the lower extremities, and an oblong, elevated, purplish red spot from one to two inches long and from half to three quarters of an inch wide on the front part of each ankle and the outer face of each wrist. The head was held rigidly to one side, eyes divergent, pupils dilated, and mind entirely unconscious. In the majority of cases, however, I failed to discover any special eruptions or spots on the surface. Nearly all the cases manifested during their progress

paroxysms of excited delirium; and in the children, the first turns of vomiting would be followed by protracted turns of wild screeching and crying, and sometimes trembling as if under the influence of terrible fright. In only four cases were there general convulsions, three of which died, and one recovered.

In regard to the actual pathology or nature of this form of disease, there is still much obscurity. That it differs from *simple* inflammation of the brain and its membranes, is evident both from the symptoms during life, and the post mortem appearances after death. I have had the privilege of making only one *post mortem* examination this season. It was a case that died in the Mercy Hospital — an adult, brought in already unconscious, with rigidity of the muscles of the neck, and all the evidences of cerebro-spinal disease strongly marked. He died on the third day after admission, being about one week after the attack. Autopsy revealed a few ounces of reddish serum between the arachnoid and pia mater, and in the lateral ventricles, with the most intense and beautiful injection or turgescence of the vessels of the pia mater covering the base of the brain, medulla oblongata and upper of the spinal cord. The vessels of the brain substance were also fuller than natural, but there was no exudation of lymph or plastic material, and no other morbid appearance apparent to the eye. In a case recently alluded to by the editor of the Buffalo *Medical and Surgical Journal*, the autopsy revealed no morbid appearances in the brain or its membranes.

Most of the autopsies reported have given serous, sero-sanguineous, and sero-purulent effusions in moderate quantity, and vascular turgescence, with only slight appearances of plastic exudation. As a general rule, the more rapid the progress of the case — that is, the earlier the patient dies — the less are the visible *post mortem* changes. I have been led to regard the disease as consisting in an exaltation of the susceptibility or irritability of the structure of the cerebro-spinal axis, including the whole base of the brain, with diminished tonicity or contractility of the blood-vessels. If the alteration of the property of susceptibility is intense and extends directly to the center of the excito-motory system, it cuts short life very speedily, sometimes in a few hours, without leaving visible alterations in the brain or its membranes. But if the morbid action be less intense, or involve less directly the chief excito-motory center in the medulla oblongata, life may be prolonged until either recovery takes place or the vascular engorgement ends in suffusion of serum, etc.

Treatment: The first few cases coming under my care were treated with leeches to the temples and mastoid spaces; cold applications to the head; a mild cathartic and full doses of the bromide of potassa aided by hydrate of chloral to procure rest at night. After two or three days iodide of potassa was added to the bromide; counter-irritation applied to the neck. The results of this kind of treatment were not satisfactory.

The cephalalgia, muscular rigidity, etc., continued, and though the febrile action was less, there was no sign of convalescence. The first case died at the end of ten or eleven days. Another, a girl about 11 years of age, had lain with the head firmly retracted to a right angle with the shoulders; the hearing dull; mind wandering; sleepless; and often screeching with pain, for more than a week; and the foregoing remedies, with the addition of alterative doses of calomel and Dover's powder at night, had exerted no marked change in the progress of the case.

Recollecting that the Calabar bean had been used with apparent success in tetanus, and that I had used it with benefit in several cases of muscular rigidity from irritation of the nervous centers, I made the following prescription:

℞ Tinct. Calabar bean, ℥ j.
Fl. Ext. Ergot, ℥ jss.

Mix. Gave half a teaspoonful every two hours, and omitted all other medicines. At the end of twenty-four hours the patient was found simply more quiet, the pulse a little slower, and the respiration more regular. The treatment was continued without change. At the end of the second day the patient had ceased to complain of pain in her head, had

slept several times for half an hour to an hour; the retraction of the head was decidedly less; mind was clear; the mouth moist; and the urine free; but she seemed feeble. More simple nourishment was ordered, and the medicine continued at intervals of three hours. The case continued steadily to improve; and on the fifth day after the commencement of the use of the Calabar bean and ergot, the muscular rigidity had entirely ceased, and the patient was convalescent, though emaciated and feeble. The medicine was continued three times a day several days longer, and a combination of extract of malt and the compound syrup of hypophosphites, in addition to nourishment, were given to aid in restoring nutrition and strength. Since that time I have used the Calabar bean, either alone or in combination with ergot, in nearly all the cases that have come under my care, and certainly with more apparent effect in controlling the disease than by any other remedies I have tried. The following is a brief sketch of one of the more recent cases:

Mr. A——, residing at No. 40 Brown st., on returning from his work at evening, was suddenly attacked with chilliness and violent pain in the forehead, temples, and occiput. This was soon followed by febrile reaction and vomiting. Several messages were sent to me, but I did not see him until the afternoon of the following day, when he was found in bed, with the head drawn firmly backward; face flushed; head hot; expression anxious; pupils nearly natural; pulse 100 per minute, soft; respiration hurried and irregular; mouth moist, but tongue covered with a white fur; urine scanty; bowels quiet; but promptly rejecting by vomiting whatever drink was given him, and making efforts to vomit whenever he was raised up; his mind wandering, and almost constantly crying out with the distracting pain in his head. Cloths wet in cold water had been kept on his head; and I directed the same to be continued, and immediately ordered the two following prescriptions:

℞ Tinct. Calabar bean, ℥ jss.
Fl. Ext. Ergot, ℥ jjss.
Mix. One teaspoonful to be given every two hours, in half a tablespoonful of water.

℞ Carbolic acid crystals, 6 grs.
Glycerin, ℥ ss.
Tinct. gelseminum, ℥ ss.
Water, ℥ jjj.
Mix. One teaspoonful to be given every two hours, alternately with the other; making the medicines come only one hour apart.

Directions were given to have the medicines and drinks given without raising the patient's head from the pillow, to avoid the danger of vomiting. The directions were faithfully executed, and the following day all the symptoms were moderately improved. The treatment was continued with no change except to extend the time between the doses to three hours instead of two.

The same treatment was continued four days, lengthening the interval between the doses of medicine one hour each day. On the fifth day, finding the pain in the head, the muscular rigidity, and the febrile symptoms entirely relieved, the carbolic acid mixture was omitted, the Calabar bean and ergot continued three times a day, and a saline laxative ordered to move the bowels. The patient continued to improve, and was up and dressed, apparently entirely convalescent, in eight days. If our views in regard to the essential nature of the morbid action constituting this form of disease are correct, we may expect such remedial agents as have the power to diminish *excitability*, and at the same time increase the vascular tonicity, to exert the most favorable influence over the active stages of its progress. Such are the Calabar bean, cannabis indica, gelseminum, ergot, etc. If the disease co-exists with the prevalence of erysipelas in the same community, it is probable that the free use of the sulphite of soda in addition to other remedies would be beneficial. I have noticed in several of the patients coming under my care a tendency in the disease to assume a chronic form. The constant pain in the head, the muscular rigidity, and the general febrile symptoms, gradually disappear during the first week or ten days; but the patients have continued pale, weak, subject to transient but

severe neuralgic pains, ever changing in their locality, but most frequent at the head of the gastrocnemii muscles, the abdomen and the head; a very peevish, fretful condition of mind; variable appetite; and disturbed sleep. In two or three cases of this kind, a mixture of the tincture of Calabar bean and camphorated tincture of opium, given each morning, noon, and tea-time, and a moderately full dose of Dover's powder and quinine at bed-time, appeared to produce very decided and permanent relief.

In the active stage of the disease I have not found either opiates or quinine to produce any favorable effects. I have thus given, as briefly as possible, simply the results of my observations in regard to the prevalent cerebro-spinal disease, which may be said to constitute a moderate epidemic.

SINGULAR CASE, OF SCARLATINA FORM, MEASLY AND VARIOLOUS DISEASE, COMBINED IN THE SAME PATIENT.

BY THOS. BEVAN, M.D.

Mr. B——e, of No. 15 Harmon Court, Chicago, began to complain on Friday, 23d of February, and grew worse on Saturday. There was general soreness, headache, fever, intense bronchial and nasal catarrh, and pain over whole body, most marked in head and back. He took some domestic remedies, suggested by non-professional friends, and felt somewhat improved, but not fully relieved. Mr. B——e had about the 14th of the month been on a night journey in a sleeping car, and thought he took cold, as he had not been quite well after that date, until taken down. Was called on the 27th, as medical adviser, for the first time; pulse 120 to 125 and 130 per minute; skin hot and dry; headache; sibilant, dry, and moist rales over both sides of the chest; cough incessant, tearing and painful; eyes congested, and head turgescent; back and limbs the seat of soreness and pain; great restlessness; nervous agitation.

Prescribed saline laxative and syr. liquor. comp., together with Dover powd., occasionally and at night, and sinapism over chest. 28th. Cough less frequent, expectoration free. expressed himself better, went on improving to Friday, March 1.

March 2. Slight delirium, fearful headache, backache, herpetic eruption about mouth, one papular point, tending to pustulation, on right malar surface, one on forehead, impetigenoid (accumulated after a day or two, without depressed center), two or three on thighs, some vesicles, small and not unlike sudamina. March 2, p. m. After 10 days' illness, papular eruption on bald space on cranium, red efflorescence, and decided swelling of whole head. Diagnosis—Varioloid, with some uncertainty about its form. Reported as such. Papule, for twenty or twenty-four hours, disappears on pressure; then a small drop of blood is extravasated at the site of each papule; not capable of being made to disappear by pressure at all. Patient in a fearfully agitated state; delirium when he dozes, but sleeps little or none; eruption extends to whole body, everywhere hemorrhagic. Probable diagnosis and prognosis—black, hemorrhagic small pox, and death. Treatment, simple diluents; neut. mixt. Dover powder; disinfection of the air of room every two hours, with the spray of carbolic acid and chlorinated soda, from atomizer, together with the use of chloride of lime, carbolic acid, and thorough ventilation. A temperature of 65° in the room ordered night and day; for heat of head, sponging with tepid water. Isolation had of course been practiced from first pimple. Whiskey, egg and milk were used, for prostration was pronounced; also, beef essence and nourishing fluids of all kinds. Stomach irritable—lime water.

Presto! On the 5th, amelioration of all symptoms—cough, fever, delirium, headache —*all* better; papule still hemorrhagic, but color gradually fading.

Gradual improvement from this on to 14th, when after alkaline baths and thorough disinfection and destruction of all possible fomites had been accomplished, isolation was discontinued. This was just about one month from possible sleeping car exposure. To-day, March 18, saw him; had been out; some bronchial irritation still, and a little intestinal

mucous irritation. Now, wise reader, what in the name of the divine Esculapius has been the matter? What was the *materia morbi* back of this most anomalous eruption? My belief is that it was modified black or hemorrhagic small pox, and I acted in the interest of the exposed as if such had been the case. How does it fit this description of that disease, from Trousseau's Clin. Med., see p. 81–2, Vol. 2d: "It is more common to meet with anomalous cutaneous eruptions, *according to the prevailing epidemic constitution*, in modified than in unmodified small pox." (The patient had been vaccinated and re-vaccinated.) "They appear the day before, or simultaneously with the pustules. Sometimes they so much simulate as to be mistaken for *the eruption of measles, even when looked at closely.*" (The italics are my own.) "Still more do they resemble the exanthema of scarlatina." (My case did this exactly and perfectly.) "They do not disappear on pressure with finger. These hemorrhagic scarlatina-form eruptions, which in natural small pox constitute an alarming symptom, do not lead to unfavorable prognosis in modified small pox. They are sometimes on groin, thighs, abdomen; sometimes more generally diffused. The condition of the patient is then apparently more serious," etc., etc.

Now, these are my reasons for thinking the case small pox. There was and is an epidemic variolous constitution prevailing. There was not and is not such epidemic constitution of morbilli, or measles. I have seen hemorrhagic measles, but Sydenham and others say it, also, is a very fatal disease, though the cases I saw during the war did not die, except when complicated with serious pulmonary phlegmasia. Such cases are exceedingly interesting as studies of anomalous morbid states, and they are exceedingly well calculated to keep the medical attendant wide awake; for between the asses who want everything decided in a minute, and the long talkers who wish to know all about it anyway, the attendant, if a little nervous, sounds all the notes in the gamut of study, from ebullant profanity, if he isn't pious, to the quiet, studious mood of methodic observation.

That what is known as the hemorrhagic diathesis exists, to a certain extent, in all such cases, I think is to be admitted, but the usual signs of diminished vigor, from any general or traceable causes, are not always present.

Mr. B——e was a robust man of 35 years of age.

SUPPRESSION OF MENSES, WITH GOOD HEALTH.

BY J. V. HAMILTON, M.D.

ODIN, Ill., 1872.

On the 24th day of June, 1868, I was called to see Mrs. I——, a lady eighteen years of age, rather under medium size, dark complexion, hair and eyes, married ten months, never menstruated but once (sparingly), two months previous to her marriage. On my visit I found Mrs. I—— looking tolerable well, up doing her work, as she usually did between her spells each month, when nature would endeavor to establish menstruation, at which time she suffered excruciatingly with her head and back, vascular excitement running very high, almost, and sometimes quite producing convulsions.

This being about two weeks before the expected time for a return of her bad feelings, I saw no necessity for active medication, therefore I administered comp. cathartic pills, to evacuate the contents of the bowels, after which I put her upon mercurial alteratives, the better to prepare her for the administration of medicine directed to the uterine system at a proper time. I kept her on this course of treatment until within three days of her expected time. I then ordered the following:

℞	Pulvis guaiac,	℥ i.
	Soda et potassa carbon.	gr. xxxi.
	Pulvis pimenth.	℥ ii.
	Alcohol,	℥ iv.

The vol. sp. ammonia to be added *pro re nata*, teaspoonful to be given three times a day in sherry, tea of rubia tinctorum *ad. lib.*, and hip bath at night. I continued this course of treatment during her suffering this time, which was somewhat mitigated, but without any discharge whatever. I was then told

that she had been under the treatment of several physicians before, with the same object in view, and with a like result as myself. I requested an examination per vagina, which was readily acceded to, to see what light might be thrown upon the case. I found the external parts of generation well developed and perfectly natural in every particular, but one and a-half inch from the lobes I found the vagina permanently and persistently occlused, admitting of no passage whatever from the womb. Thus the nature of the case, heretofore enveloped in mystery, now became perfectly plain and apparent, and the remedy unquestionable. I apprised my patient and her friends of the nature of the case, and the means to be used for her relief. My proposition to operate, and divide the walls of the vagina, was not favorably received, and, therefore, of course, I abandoned the case, believing, as I did, there was no other means of relief—informing them, at the same time, I did not think it possible for her to survive many months in her present condition. In this I was very much mistaken. I have watched the case from that time until the present, a period of about three years. The lady is now well and hearty, as much so as any lady of my acquaintance. She tells me that since my visit to her, her trouble has been growing less and less each month, until at present she suffers no more, she thinks, than other ladies do at their monthly periods. Yet there has never been any perceptible discharge in any way whatever. No operation ever having been performed, the vagina still remains closed.

Here is an anomalous case. I have never known anything like it reported, and did not suppose any woman could live, much less enjoy good health, with an entire suspension of so important a function to the female economy, during her menstrual period. It may be that some of my medical friends have seen similar cases, and to such it is not strange; but to me, I confess I have never seen anything of the kind before, and cannot ever imagine how life can be sustained.

If there were any vicarious discharge to take the place or supersede the necessity of the natural discharge per vagina, which is sometimes the case, then I should not be so much surprised; but here is a case of perfect health, with an entire suspension, as far as I am able to ascertain, for the space of three years, of the menstrual evacuation.

I have been rather actively engaged in the practice of medicine for about twenty-five years—have never met with anything of the kind before. If there is any such case on record, I have failed to have met with it. I do not know what the medical profession will think or say to such an article as the above; perhaps, that I am considerable of an egotist, or that I like to see myself in print. I do not think that I am much of an egotist. I am not in the habit of writing for medical papers, or any others. I give the case because it is a rare one, and also because it is an interesting one to the profession—interesting from the fact that it shows how little we know of the powers of nature to accommodate herself to the deviations from the great general laws and regulations which govern us in our being.

This 26th day of March, 1872.

ON SYPHILIS.

BY DR. CARL PROEGLER, AURORA, ILL.

I read with very much interest the article on the unity or duality of the syphilitic virus, by Prof. Andrews; and I may be permitted to contribute my mite in support of the dualistic doctrine.

The older authors on syphilis were obliged to consent to a *possibility of direct infection by way of the lips;* and even Torrella (*et hoc accidit propter mammas infectas, aut faciem, aut os nutricis, seu cujus alterius*). Ternellius (*suvenem mulcciem gallico morbo depravatam, ore exosculare assuetum nullo pr. jovem exercitato costu in morbum gallicum cucidisse*).

After Ricord was obliged to change his view, and by exact experimental demonstration the fact was established that syphilis could be inoculated from every syphilitic virus or secretion of the hard chancre of the broad condylomes as well as of the tonsils, I do believe that very few syphilo-

graphs dare to doubt the possibility of an infection pr. orum.

Generally, the original syphilitic ulcer on the lips has such a singular character that it cannot be confounded with an abscess produced by a condylomatous destructive process.

The latter may have entered ever so largely into ulcerative metamorphosis; it will not enter the tissues so deeply, nor have such a hard, sharp-edged basis surrounding it as the ulcus durum of the lips.

Great caution must be used in forming a diagnosis from the remaining criterion. Here, as with the ulcus durum, the principle holds good that never a single symptom, but the combination of all the symptoms, should be considered and have the preponderance.

Of great value for the decision here in this place is the seeming absence of *initial syphilitic affection and the presence of an intact hymen in women.* And as even in proved infection *via* the lips, a syphilitic affection may occur afterwards on the genitals in consequence of a syphilitic diathesis, other diagnostic signs must be considered. These are the peculiar course and development of the lymphatic glandular swellings which show themselves very much *sooner in the region of the throat than in the inguinal regions.* Generally the submental glands swell first, especially often in the vicinity of the *spina mentalis interna*, between the *insertion* of the *musculi genio hyoideus* and *genio-glossus.* Secondly, those glands inflame which are situated more nearly at the angle of the mouth and lower forward, not always the superficial only partially covered by the *platysma-myoides*, but also even sometimes in the deeper glands which are scattered in the *trigonum* cervicals, and which receive the vasa efferentia of the *glandula fasciales profunda*.

In one case where the ulcer was situated on the upper lip, I found on the corresponding left side of the face some small swollen glands in front the ear near the parotis, which glands Lewin termed *glandula zygomatica*. Only after these glands are more or less inflamed does swelling of the inguinal glands occur, preceded in some cases by swelling of the cubital glands. But here it must not be forgotten that also a scrofulous disease brings about similar glandular inflammation.

Koebner characterizes (page 62 of his Clinical Reports) such ulcerations on the lips and mucous membrane of the pharynx "as the rapidly developing symptoms of the usual later period of syphilis, which may be named *syphilis galloparnic* (galloping syphilis), causing the physician to fear for the life of his patient."

My experience does not at all verify this assertion, as I will illustrate in the following cases. It may be different when not the lips but the finer mucous membrane of the deeper laying pharynx is infected with the original syphilis, as has happened in some cases where infection resulted from catheterizing the tuba eustachia. In the greater number of cases which I have observed the symptoms were not very severe, nor were they accompanied by fever nor complications fraught with danger. But I must remark that such persons were generally very anæmic in appearance, and the cure in most cases was retarded.

(*To be continued.*)

WASP-STINGS.—Dr. Drury commends (*British Med. Journ.*, Sept. 23, 1871) the following treatment in cases of illness produced by the sting of wasps:

A careful examination of the wound should be made with a good pocket lens, and any remnant of the sting removed with a pair of fine-pointed forceps. Laudanum should be applied by means of a cotton-wool swab for at least ten minutes, followed by warm water fomentations. Internally, brandy and hot water should be given at once, and twenty minims of aromatic spirit of ammonia every half hour as long as there is depression. If the mouth or throat be stung, warm flannels should be applied to the neck, and warm inhalations with ether employed. There is sure to be spasm of the rima glottidis in these cases. In no case that I have seen yet would I have given opium internally: I doubt anything but mischief from its use in any of these cases, but I am aware it has been recommended by medical writers. If local pain be not subdued by the application of the laudanum, then I think I would try the effect of hyoscyamus poultice or tincture of belladonna sprinkled over a warm damp flannel, and applied to the wound.

THE
MEDICAL EXAMINER.
A Semi-Monthly Journal of Medical Sciences.
EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, April 1st, 1872.

EDITORIAL.

Association of American Medical Editors.—This organization will hold its third Anniversary meeting in Philadelphia, Monday, May 6th, 1872. The members will assemble for the transaction of business at 11 o'clock A. M., and the President, Dr. B. F. Dawson, of New York, will deliver the annual address at 8 o'clock in the evening. The meetings will probably be held in Horticultural Hall, on Broad street.

American Medical Association.—Delegates from the Northwest will find the Pittsburg, Fort Wayne and Chicago, and the Pennsylvania Central railroads the most direct route to Philadelphia, on which excursion tickets can be purchased on presenting at the ticket offices the certificates obtained from the Permanent Secretary, Dr. W. B. Atkinson, 1400 Pine street, Philadelphia. The excursion tickets can be obtained from the 1st to the 7th of May, and will be good until the 20th of the same month.

Illinois State Medical Society.—The next annual meeting of this society will be held in Rock Island, commencing on the 3d Tuesday (21st) in May. We hope it will be borne in mind by the profession throughout the State, and that there will be a full attendance. We are sure our friends in Rock Island will give the members a cordial reception.

The Toner Lectures.—We are gratified to see by a Washington paper that our friend Dr. J. M. Toner, of Washington, D. C., has placed in the hands of Trustees, property to the amount of $3,000, the interest on which is to be applied to the annual payment of premiums for two essays or memoirs, to be read in that city and published in such way as the Trustees shall deem proper. The object is to advance medical science and a knowledge of the laws of nature by encouraging thorough original investigation. No essay or lecture is to be accepted by the Trustees unless it embodies some actual addition to the knowledge previously existing concerning the same subject; and this is to be determined by a critical examination to be made by a competent committee. The example is worthy of imitation.

Chicago Medical College.—The spring and summer course of instruction in this institution is well attended; and the clinical advantages are not excelled in any other city.

Medical Register and Directory of the United States.—Dr. J. M. Toner, of Washington, D. C., is diligently preparing a Register of the medical practitioners of the United States, which is to be published by S. W. Butler, M. D., of Philadelphia. The work is a very important one, and to insure accuracy in the list of names, many thousand circulars have been sent to physicians all over the country. Those to whom the circulars have been sent should promptly return them with the information asked, as it will greatly facilitate the appearance of the work. The task of the author and publisher is an arduous one, and the work one to be desired by every member of the profession.

Small-Pox and Measles.—In another part of the present number of the Examiner Prof. Bevan reports a case presenting a curious mixture of the symptoms of scarlatina, measles and small-pox.

Two similar cases have recently come under our own observation. Both were adults of foreign birth.

Both were attacked with all the symptoms of measles in a severe form. The coryza, bronchial cough, soreness of throat, and fever were strongly marked; and about the fourth day a very copious exanthematous rash appeared over the whole surface, the fever and catarrhal symptoms continuing unabated. In one of them the fever from the beginning presented a strongly typhoid character, the pulse being frequent and weak; the mind wandering; and the tongue and mouth dry.

The eruption was so thick as to make the whole surface deep red; and there appeared co-incidently on the body and lower extremities numerous small petechial or hemorrhagic spots. In about three days from the appearance of the eruption, the face and nearly all the surface became swollen as in small-pox, and emitted the same odor, while the hemorrhagic spots became larger, more numerous, the pulse more rapid and feeble, the mind constantly delirious; and the following day there came hemorrhage from the bowels, from the mucous membrane of the mouth and nostrils, with rapid collapse and death. The other case, which occurred at the same time and in the same room, presented precisely the same character of symptoms, only less severe, and only slight hemorrhagic spots. The catarrhal symptoms of measles, the exanthematous character of the eruptions were perfect; yet at the ordinary time the swelling of the face and the odor perfectly resembled small-pox; and there gradually developed scattered pimples of larger size, flattened, but neither umbilicated nor vesicular. They appeared like large flattened papules interspersed with the exanthematous rash. At this stage the case was removed to the small-pox hospital, and we did not see its subsequent progress.

Foreign Correspondence.

TUBINGEN, WURTEMBERG, GERMANY, March 25th, 1872.

The University of Wurtemberg, of which this picturesque little village is the seat, is probably best known to the profession in America as the home of the late lamented Prof. von Niemeyer, and for many years the seat of his labors. As the leading member of their medical faculty, his loss is, of course, severely felt by the institution. One of the oldest universities in Germany, it has always been noted mainly for its theological school. Its medical department, however, offers special advantages for study in certain departments, more especially in the elementary branches of anatomy, physiology, chemistry, etc., the lectures being much less crowded, and the opportunities for personal observation and instruction much superior, to those offered in larger schools of Vienna or Berlin. Like the schools at Bonn, Heidelberg, etc., it labors, however, under the very great disadvantage of being situated in a small village, where the opportunities for hospital or clinical instruction are necessarily very limited. Their students are consequently obliged to resort to the hospitals of some of the larger cities for their final studies.

Prof. Liebermeister, the successor of Prof. Niemeyer, delivered his first course in Tubingen during the past semister. He is spoken of by the students as being a very interesting lecturer.

In an article lately published by Professor Liebermeister on the treatment of typhoid fever, I notice that he advocates a course of treatment by cold baths, to the exclusion of almost all medication. The patient is placed in a general bath of moderately cold water, and after remaining for an instant, is dried off and returned to bed. These baths are repeated more or less frequently, according to the amount of fever, heat and dryness of skin, etc. He claims that under this system the mortality is very considerably diminished. The idea is not original, however, with Prof. Liebermeister. Experiments were made with the same course of treatment, some time ago, in several of the English hospitals, but with very unfavorable results.

On our journey up the Rhine we paused for a day at Bonn, to visit the University there—the school with which the well-known pathologist and histologist, Prof. Rindfleisch, is connected. Unfortunately, however, both there and at Heidelberg, we arrived just at the commencement of the Easter vacation, when many of the Professors and most of the students were away traveling or visiting friends, so that there was little beyond the bare University walls to be seen. At Heidelberg, new and extensive hospital buildings have been for some time in course of erection. When completed, if the wards can be filled with patients, it will be a great addition to the value and efficiency of their school. While there I had the pleasure of meeting

the celebrated chemist, Prof. Bunson, and also of inspecting his laboratory, probably the most complete and extensive in Europe.

In glancing over the catalogues of the German Universities, there is one thing that strikes a stranger as being somewhat novel, namely, the fact that they include in the list of the Faculty, Professors of riding, fencing, gymnastics, swimming, and last, but not least, of dancing. Whether proficiency in all of these accomplishments is necessary to a proper mental culture may well be doubted, but on the principle of affording proper facilities for thorough physical training and development, the German schools are certainly right. It is a department the value and importance of which is too little appreciated in our Universities.

We feel that an apology is due for the general dearth of news in this letter. Being merely on our journey as yet up toward that present supposed center of all medical knowledge and discovery, Vienna, we have here recorded merely the wayside gleanings, as it were, and send them on chiefly in the way of reporting progress. F. H. D.

AN INTERESTING OPERATION.

FROM THE GERMAN. BY MARY J. SAFFORD, M.D., OF CHICAGO.

From Munich comes a report of the following operation, made Feb. 15, 1872, by the Royal General Bavarian physician, Prof. Nurzbaum:

Soldier H., aged 23, in the engagement at Bazeilles, received a blow upon the elbow and nape of the neck with the butt end of a needle gun, in consequence of which he suffered continually with spasms, from a tonic contraction of the muscles, so that at times he became unconscious. Different remedies were used, such as vesicants, gymnastics and baths of all kinds, all in vain. After consultation with the Professor of Physiology, Dr. Virt, it was decided that the seat of the affection was in the spine—that is at the origin of the roots of the nerves—and that only such remedies would be of use which acted directly upon the spine. As the patient was accused of feigning his sufferings, he was kept in confinement where Prof. N. had ample opportunity to observe him, and he decided to lay bare and to stretch all the nerves of the spine that came into action with the disease, and to follow the four lower cervical nerves as far as possible to their exit from the spine, and by distending them, to perhaps work favorably upon the neighboring spinal portion; and by freeing some adhesions to the spinal foraminæ, thus to relieve the tonic spasms. The nature of the operation was explained to the patient, who gave his consent to it.

He was completely narcotized to the successful end of the operation. By exposing and distending the four lower cervical nerves, the paralysis of the sensitive nerves and the spasms of the motor nerves was conquered.

Thus is proven the possibility, by operative means upon the spine, of removal of paralysis and of spasms.

Prof. Nurzbaum remarked, in his report: "I am glad to have made the operation before a hundred witnesses, so that no jester can say I have dreamed of the operation, instead of making it."

Society Reports.

CHICAGO MEDICAL SOCIETY.

Regular meeting, April 11th. G. C. Poole, President, in the Chair.

After the usual preliminary business, the subject of cerebro-spinal meningitis was introduced by a short paper, read by Dr. N. S. Davis. (See first article in the present number of EXAMINER.) After the reading of the paper, Dr. E. Powell stated that he had recently witnessed two post-mortem examinations of patients who had died from well-marked symptoms of this disease. The first was a patient who died on the third day after admission into the county hospital. A moderate amount of bloody serum was found between the arachnoid and pia-mater, with a thin layer of plastic exudation over the base of the brain. The blood vessels were also minutely filled with blood. The second case was in the West Division of the city, and

presented the same morbid appearance: except there was no plastic exudation.

Dr. Ingalls, of the county hospital, read an interesting account of six cases that had been admitted and treated in that institution. Of these five recovered and one died. The remedy that was chiefly relied on, and which appeared to produce a very favorable effect, in the treatment of those cases, was the tincture of cannabis indica. Its exhibition was generally commenced in doses of 20 minims every two hours, and rapidly increased to a fluid drachm, unless the symptoms soon began to abate.

Dr. N. Loverin referred to two cases, both of which had proved fatal in a short time. He expressed more confidence in the efficacy of the early abstraction of blood by venesection, followed by narcotics.

Dr. Marguerat had met with six or eight cases, but had found no plan of treatment productive of satisfactory results. To one child, presenting the initial symptoms of the disease, aged 18 months, he had given 10 grs. of sulphate of quinia per day, with a rapid recovery. Another child, aged two years, had recovered while under the active influence of quinia.

Dr. T. D. Fitch had treated only two cases that he regarded as cerebro-spinal meningitis. One of these had recovered and the other was still under treatment. He had given them the bromide and iodide of potassa, and the tincture of calabar bean, with fluid extract of lettuce, with apparent benefit.

Dr. S. Wickersham referred to the disease as it prevailed in 1859–60, comparing it with the present epidemic. He thought the disease in the former years presented more constant muscular rigidity and cutaneous spots than at the present time, and less frequent vomiting or gastric disturbances. The first marked case he had met with this year was in the present month (April). He found hydrate of chloral at first to produce no apparent relief; but he gave veratrum viride in sedative doses, and as soon as the pulse was reduced in frequency to near the normal standard, the chloral acted more favorably and induced quiet sleep, followed by rapid improvement. He thought the chloral would be found generally to act favorably, if its use was preceded by the sedative influence of veratrum viride.

Dr. C. W. Earle referred to the severe prevalence of the disease in some parts of Lake county, in this State, when the further discussion of the subject was postponed until the next regular meeting of the society, which will be on the first Monday evening in May.

Gleanings from Our Exchanges.

On the Treatment of Hemorrhoids in Pregnant and Puerperal Women. — Dr. Fordyce Barker contributes an article on this subject to the *American Practitioner* for March. Contrary to the general teaching he always gives aloes in hemorrhoids of pregnant women, whether accompanied by constipation or diarrhœa, arguing that the aloes exercises a tonic influence on the muscular coats of the vessels of the rectum and colon. During the last two weeks of gestation he always combines the aloes with the extract of belladonna. The following is a frequent prescription:

℞ Pulv. Aloes Soc.,
Sapo. Cast., aa., ʒji.
Ext. Hyosciami. ℥ ss.
Pulv. Ipecacuan. gr. v.

M. Fit Pil. (argent) No. 20. S. on morning and evening.

When a patient is anæmic he adds one scruple of sulphate of iron to this prescription.

When the patient has an irritable rectum, with small teasing, thin evacuations, he substitutes for the hyosciamus a small quantity of the aqueous extract of opium and a smaller quantity of the aloes.

When he is called to a case during labor, and the tumors come down and are troublesome, he tries the method of Dewees, returning the tumors and pressing over the anus with a napkin during the expulsion of the head. This method however, he says, frequently fails in keeping the tumors back. In that case he tries the method of Van Buren, anesthetizing the patient and with the thumbs

dilate the sphincter as wide as possible. He then directs the following:

℞ Ung. Gallæ co.,
Ext. Opii. aq.,
Sol. Ferri persulph.,
M. Ft. Ung.

If the woman's bowels do not move, he does not give castor oil, claiming that it is the worst laxative possible when there is a tendency to piles. He gives the following:

℞ Magnesia Sulph.,
Magnesia Carb.,
Potas. Sup. Tart.,
Sulphur, Sublim., aa. ℥ ss.

Mix thoroughly. S. one, two, or three teaspoonfuls before eating in the morning.

Chronic Otorrhœa.—Dr. A. W. Calhoun describes the treatment of Dr. Weber, of Berlin, in this disease, says that he seldom directs the syringing of the ear with tepid water, as the few drops of water remaining often produce an acute catarrh, thus complicating the disease. He dries the ear with a fine camel-hair pencil and then fills the external meatus with pure alcohol, first, tipping the head slightly to one side and rubbing and gently pressing upon the Tragus. After about five minutes the alcohol is turned out and the meatus is filled with charpie. Continue this treatment three times a day until the discharge has markedly diminished, afterwards twice a day until the disease has disappeared. For a while after its disappearance it is well to continue the medicine once a day. The success of this treatment he claims to be very great.—*Georgia Med. Companion.*

Prolonged Expiration.—Dr. Armor contributes an article on this subject to the New York *Medical Journal*, referring to the physiology of the lung, he calls attention to the fact that expiration is entirely a passive movement, and is accomplished by the recoil of the elastic fibers which enter into the composition of the lung tissues. Anything which weakens these fibers will diminish the expiratory forces and lengthen the time of expiration, as is well seen in emphysema. In the *pretubercative stage* of consumption the nutrition of the lung is imperfect, and these fibers are weakened, hence the prolonged expiration. Prolonged expiration is then by no means diagnostic of tubercle or even of incipient phthisis; general anæmia from any cause may produce it, but taken in connection with the rational symptoms generally present indicating a defective nutrition, it is a sign of very great value as indication of a *tendency to tubercular* deposit.

A new Speculum is figured in the *Lancet* for February. The speculum opens like a bivalve speculum, each valve being made of stout German silver wire bent like a letter M. When the speculum is to be introduced a rubber band is slipped over it which confines the four parts in a narrow compass; after the introduction the band is slipped off when the four points separate by their own resiliancy, exposing the parts, the inventor claims, the most satisfactorily of any speculum which has yet been shown.

Digestive Power of Pepsin.—A contributor to the *Am. Journ. of Pharmacy* describes his method of preparing pepsin, and says that one half grain of the pepsin added to two ounces of water acidulated with hydrochloric acid dissolved 250 grains of coagulated albumen, to the solution was added another ounce of acidulated water and 250 grains more of albumen was dissolved. He continued adding acidulated water and albumen until he had dissolved 1500 grains of albumen, and not even then was the solvent power exhausted.

Beef Extract.—The iconoclast is among our idols. Chemistry proved to us some time ago, that gelatine in all its forms was not nutritious. The English doctors are rebelling against alcoholics; and here comes along an irreverant gentleman, Prof. Muller, who claims not only that beef extract has no nourishment whatever, but that the potash salts contained in the essence will, if taken into the system in large quantities, diminish the capacity of the red blood corpuscles for carrying oxygen and so have a positive debilitating effect.

It is said that a mixture of hydrochloric acid and pepsin will, contrary to the general opinion, dissolve calomel.

NECROLOGIST'S REPORT.

(*Continued from page* 96.)

Dr. Otho Bonser — *Class of* 1868. — Dr. Bonser was the son of Jesse and Agnes Bonser, and born in Clermont County, Ohio, on the banks of the Ohio River, August 6th, 1844. When he was but three years old, his parents removed to Lee County, where a year later his father died, leaving Otho, with three sisters, one older, the other two younger than he, to the care of Mrs. Bonser, who, through the rascality of Mr. Bonser's debtors, was soon made penniless. Mrs. B., however, managed to keep her children together and send them to school until Otho was ten years old, when a gentleman in the neighborhood who had taken a liking to the studious boy, induced his mother to let Otho come into his family, promising to give him a finished education. He remained with this gentleman, however, but two years, when he left him and hired out to a man living near Mrs. B., in order to be nearer his mother; "for he was always a great mother's boy," writes his mother.

He still attended school in the winters, working in the summers, until he was sixteen years old, when he engaged to teach a three months school.

We learn that at this time his mother was a second time married, and they were all living in Iowa, though at what time these occurrences came about, we are not informed.

Before his first school was out the rebellion had broken out; and as soon as his school term closed, and before he was seventeen years of age, he enlisted. July 15th, 1865, he entered the service in Company K, 7th Iowa infantry. Just after the battle of Belmont he was sent home with typhoid fever. In three months he was able to rejoin his regiment on the eve of a heavy engagement, immediately after which he was promoted to Orderly Sergeant, and came home at the end of his three years' enlistment as Second Lieutenant. At the expiration of the thirty days' furlough allowed veterans, he returned to the field as a First Lieutenant, where he remained until the close of the war, arriving home in July, 1865.

His mother writes us as follows: "He was a great favorite with all the boys; if any got into trouble, he was the one to settle it. He bought and read a great many good books while there. He carried his Bible with him, and visited the sick and wounded whenever opportunity permitted. He gave his Bible on one occasion to a sick soldier. On another, to a wounded one he gave almost all the money he had. He was converted when ten years old, and united with the Congregational Church; and until his death he lived a consistent Christian."

In September, 1865, he began the study of Medicine at the University of Michigan, entering as a student of the Faculty. Writes a chum of his at Ann Arbor: "It was there the writer first met him, and there the friendship was formed which grew deeper and stronger until arrested by the Doctor's death. Our college life there was what it is with all or almost all western medical students. We were both poor and hard run; but one never wanted for a shilling if the other possessed so much. Bonser was a hard, conscientious student; he never slouched over his work. One incident of his life there it may be well to mention, as exhibiting something of his character. He was engaged to be married to a young lady at that time going to school in Ohio. About the holidays he received a letter from her informing him that she had been mistaken in her feelings towards him, and that while she loved no other, yet she could not conscientiously marry him. To a man of his deep nature, this was the heaviest blow he could receive. The future looked black enough. Poor, and with no influential or able friends, too delicate for hard labor, his profession to get, and even the love of woman denied him; many men would have gone entirely to the bad. For twenty-four hours his suffering was terrible. 'Heaven alone knows,' said he, 'how I love that woman!' Then to work; no further outcry; no change, except that he worked the harder."

The summer of 1866 he spent on a farm in Iowa, near his mother and sister. He attended the session of 1866-7 at the Chicago Medical College. The ensuing summer he

was with Prof. R. J. Patterson at Batavia, Ill., in the Bellevue Place Insane Asylum. The winter of 1867-8 again found him at the Chicago Medical College and in Mercy Hospital.

In the spring of 1868, shortly after his graduation, he went to Kansas. Settling penniless and in debt at Aubrey, Johnson Co., he soon gathered friends and patrons about him, and in six months had perhaps as good a country practice as any man in his county.

"While there," writes Dr. S. T. Odde, a former classmate, "it was my good fortune, practicing medicine in a little village ten miles distant, to often meet him in consultation, and always with benefit both to the patient and myself. In February, 1869, I received a note from him: 'O, I am "under the weather" a little; have been so for two weeks, and do n't get any better; wish you 'd come up and "straighten me out."' Obeying the call at once, I found he had taken a severe cold in riding through a storm to an obstetric case a few nights previous, and a bad cough was the result. His father had died of Tuberculosis, and we feared a like fate for him. A few days showed our suspicions but too well founded, and he gradually sank until April 10th, 1869, when he quietly breathed his last (he was thus 24 years, 8 months and 4 days old). He was nature's nobleman — a brave, patient, intelligent, hard worker in the cause of God and humanity. We know he has his reward."

While in the class of '68 of the Chicago Medical College Bonser was, I think, respected by every one. He was modest in his disposition, and not bold to make acquaintances on short notice, and with many of the class he was not very thoroughly acquainted. But those who knew him best respected him most, and loved him; and he left college with no feeling but of kindness in anyone towards him.

Prof. Patterson says, in a letter to the Necrologist: "Bonser was a noble fellow; kind, generous, industrious, a great soul, a true man, a true physician, a devoted Christian." Of whom could more be said?

Dr. B. was, at the time of his death, engaged to be married to a very intelligent lady in Aubrey.

Obituary.

PROF. SAMUEL JACKSON, M. D.,

OF PHILADELPHIA.

Dr. Samuel Jackson, Emeritus Professor of the Institute of Medicine in the University of Pennsylvania, died, April 6, at his residence, in this city, at the ripe old age of eighty-two. He was born in Philadelphia on the 22nd of March, 1787. He devoted his time with great energy to the study of his profession, and was successful in acquiring a high standing in its practice. In 1835 he was elected Professor of the Institute of Medicine in the University of Pennsylvania, a position which was filled by him during a period of twenty-eight years, with great credit both to himself and the institution. He was one of the clearest lecturers and profoundest scholars and occupied a front rank in the corps of Professors of the University, a body of men which has long enjoyed the highest reputation for skill and learning throughout the world. In 1863, in consequence of his advanced age, he abandoned the active duties of his Professorship, and has since held an Emeritus relation to the University. Prof. Jackson wrote several works on medical and physiological subjects, the most celebrated of which were a treatise on the "Principles of Medicine," first published in 1832, and an "Introduction to Lehman's Chemical Physiology," published in 1856.—*Philadelphia Inquirer.*

Delay in appearance of the *Journal* enables us to announce the death, upon April 5th, of Zina Pitcher, M.D., of Detroit, Mich. Dr. Pitcher was aged about 75 years, was one of the oldest citizens, assisted in founding the free schools of Detroit, and the State University, of which he was for many years a regent. He had occupied many prominent secular and professional positions. He was an Emeritus Professor in the Michigan University, a position to which he was nominated by the present writer. He had also been one of the Presidents of the American Medical Association. He was a model of the courtly gentleman of the old school, and his death will be widely lamented.—*Chicago Medical Journal.*

Prof. Samuel Henry Dickson, M.D., LL.D., died in Philadelphia, March 31, 1872.

Book Reviews.

Plain Talk about Insanity; its causes, forms, symptoms, and the treatment of mental diseases. With remarks on hospitals and asylums, and the medico-legal aspect of insanity. By T. W. Fisher, M.D. Boston: Alexander Moore. 1872.

This is a monograph of nearly 100 pages, written as much for the public as the profession. It contains much useful information and many valuable suggestions regarding the nature and management of insanity.

For sale by W. B. Keen, Cooke & Co., Chicago. Price, $1.50.

Animal and Vegetable Parasites of the Human Skin and Hair. By B. Joy Jeffries, A.M., M.D., Fellow of the Massachusetts Medical Society, etc., etc., etc. Boston: Alexander Moore. 1872.

This is a neatly published duodecimo of 102 pages. The author appears thoroughly conversant with the subject, and has furnished us with a very interesting and valuable elementary treatise on the animal and vegetable parasites that infest the human hair and skin.

For sale by W. B. Keen, Cooke & Co.

Anæsthesia, Hospitalism, Hermaphroditism, and Proposal to stamp out Small-Pox and other Contagious Diseases. By Sir James Y. Simpson, Bart., M.D., D.C.L., late professor of Midwifery in the University of Edinburgh. Edited by Sir W. G. Simpson, Bart., B.A. New York: D. Appleton and Co., 549 Broadway. 1872.

This is a volume of 562 pages published in good style. It contains essentially all that the late Sir James Y. Simpson wrote at various times concerning the topics in the title page. It is a collection and arrangement in one volume of numerous essays and papers, contributed from time to time by the gifted author, and published originally in various periodicals. The first 288 pages are occupied with the subject of Anæsthesia; embracing its History, Defenses, the Nature and Power of various Anæsthetics; Applications of Anæsthesia in Surgery and Medicine; in Midwifery; and Local Anæsthesia.

The subject of Hospitalism occupies 118 pages. This part of the volume contains some valuable statistics in reference to the results of surgical operations in large metropolitan hospitals and in rural districts, and much that is valuable in relation to the causes of mortality in hospitals, and in relation to improved methods for constructing such institutions. Thirty-three pages are devoted to the subject of Hermaphroditism.

The last ten pages are devoted to the subject of Preventing Small-Pox and other Contagious diseases. The chief means advocated are isolation, disinfection, and cleanliness. The book will be found one of the most convenient and valuable that the physician can have in his library. The editor, though not a physician, has certainly conferred a great favor on the profession by collecting and publishing the valuable writings of his father in one convenient volume.

Transactions of the Medical Society of the State of New York for the year 1870. Albany. New York.

This is a bound volume of over 400 pages, containing the transactions and papers of the New York State Medical Society at the annual meeting of February, 1870. There are a number of valuable papers, and much information in regard to the topography and diseases of various localities in that State, and a most excellent steel plate likeness of the late Alden March, M.D., etc., of Albany, N. Y. We have not time or space to analyze any of the papers at present.

Dr. Boise recommends liquid carbolic acid as an application to condylomater.

Money Receipts up to April 1st, 1872.—H. Sweet, $6; A. Groesbeck, $3; N. Bridge, $3; J.W. Barlow, $3; E. R. Bacon, $3; C. H. Bacon, $6; W. Martin, $3; O. N. Moon, $3; W. Dougal, $6; J. H. Rauch, $6; J. P. Johnson, $3; J. G. Conley, $3; J. W. Boggess, $3; R. J. Patterson, $3; M. Northup, $3; A. Jones, $3; L. D. Thompkins, $3; Dr. Sprague, $3; J. L. Shay, $3; W. J. Johnson, $3; Wm. Butterfield, $3; H. John, $3.

Original Communications.

A CASE OF COMPLETE INVERSION OF THE UTERUS REDUCED.

BY E. R. WILLARD, M.D., WILMINGTON, ILL.

Inversion of the uterus is of exceeding rare occurrence, in so much that an average of only one case is reported out of nearly a hundred thousand births in some of the best lying-in hospitals on the Eastern continent; and many accoucheurs in extensive obstetrical practice for a long series of years, have never met with a single case. In fact it is a malposition but seldom if ever diagnosed two hundred years ago. Since that time, however, its symptoms, signs, pathology and great danger have been thoroughly studied and fully appreciated by the profession; and, although such is the case, we find the displacement to have been frequently mistaken for polypus, prolapsus, fibroid, or even to have remained undiscovered for a number of years, or until after death, by physicians of good reputation, and graduates from the best medical schools in the country. This we attribute not so much to the want of medical knowledge and skill, as from the exceeding rare occurrence of this difficulty, thereby throwing the physician completely off his guard—that is, causing him to form a diagnosis without a sufficiently thorough examination.

Systematic writers differ very much in their classification of the varieties of this affection. For the more practical purposes of pathology, diagnosis, prognosis and treatment, we would make the following heads:

1st. Partial Inversion, { Acute, { Spontaneous. / Artificial. } Chronic, { Spontaneous. / Artificial. }

2d. Complete Inversion, { Acute, { Spontaneous. / Artificial. } Chronic, { Spontaneous. / Artificial. }

Many writers would still divide spontaneous and artificial into active and passive uterine inversion; but as that depends upon the degree of paralysis or inertia of the uterus in the former, and upon the amount of artificial force in the latter—that is, spontaneous passive inversion signifying spontaneous inversion from complete paralysis of the whole organ, and artificial passive inversion merely applies force to the same condition of the uterus to produce the inversion, while the term active is applied to the same kinds of inversion where only a part of the organ is paralyzed, thereby producing what is called hour-glass contractions in some cases—therefore we prefer the more general classification above.

Where the paralysis exists at the lower portion of the uterus, including the cervix, with active contractions of the fundus, together with positive bearing-down, we have frequently discovered partial temporary inversion, which would be immediately relieved so soon as active contractions of the lower portion of the uterus was secured. It is in this way, we think, a greater share of the cases of post-partem spontaneous inversion takes place. We are borne out in these conclusions, to some extent, in the fact that the accident seldom occurs in the hands of experienced practitioners, where these conditions are promptly met at the time.

That we always have partial or complete paralysis of the uterus in all cases of inversion, whether spontaneous or artificial, is now generally admitted by all writers upon that subject.

Another very important matter, in a medico-legal point of view, presents itself here, and that is the relative frequency of spontaneous inversion as compared with that of artificial inversion. For the purpose of presenting this matter clearly, in connection with the various causes, modes of treatment, and results, we have prepared the accompanying table, from which we find out of fifty-three cases taken promiscuously from the most reliable men in the country, commencing at the fifty-ninth case in the table, that twenty-eight were entirely spontaneous, while others were partially so, as no great amount of force was used to produce the displacement.

In this estimate we take only those cases of post-partem inversion, leaving out one case of fibro-cystis that is included among the spontaneous in the table from the fifty-ninth case.

As to treatment, it will be seen by reference to the same table that about one-third of all those who underwent the operation of amputation died; while of those who were treated by taxis for reduction, only about one-ninth died. — thus showing that by removing the organ, the fatality is as great as in the most malignant epidemic of cholera, or as in the operation of ovariotomy. We also find that the comparative length of time after the accident is as great, if not greater, in those cases treated by taxis, as in those by amputation: therefore it cannot be said that the former were acute cases, and consequently easily reduced.

From my limited experience, and the success claimed by Dr. Thomas for his method of drawing down the uterus and then forcing it up again, I am inclined to the opinion that a systematic course of manipulation, by periodic pressure of from three to five minutes, with a force of from ten to twenty pounds, with a period of rest of five minutes between, could be continued a greater number of hours, with less danger of producing inflammation, as the vitality of the tissues would not thereby be endangered as they always are under steady continuous pressure, and the relaxation would not be less speedy. As to the time recommended for continuing the manipulation at any one setting, I would be governed in that much the same as in a case of labor, and calculate that ten or twelve hours would not be more dangerous to the patient, provided the parts were not handled too roughly, than in natural parturition.

We are borne out in these conclusions from the accompanying cases reported, as that of Dr. White's is the only one where peritonitis and death supervened as the result of the manipulation necessary for reduction.

In the accompanying table we have only submitted a sufficient number of cases taken promiscuously, to form something like a correct comparison of results.

Table of Cases in which the Uterus was Removed for Inversion. Also, Reduction of the Inverted Uterus, with Comparison of Results.

Number.	Years.	Age.	Mode of operating.		Causes.				Time after Accident	Results of treatment.		Kinds.		Authority.	Remarks.
			Ligation.	Amputation.	Reduction.	Post Partum.	Polypus.	Fibroid.		Successful.	Unsuccessful.	Spontaneous.	Artificial.		
1	1768		"			"			17 days.	"				Faiver.	Uterus was 27 days in separating.
2	1824		"	"		"			30 days.	"				Rheineck.	Uterus came away in a few days.
3	1818		"				"			"		"		Newnhan.	Uterus separated in seven days.
4	1822		"				"			"		"		Staub.	Knife used after the application of ligature.
5	1835		"			"				"				Bouchet.	Ligature cut through on 14th day.
6			"			"			3 years.	"				Gooch.	Ligature came off in 14 days.
7	1840		"			"				"				Harrison.	Uterus removed in 14 days.
8	1836		"			"				"				Bloxam.	Uterus supposed to be polypus until after removal.
9	1837		"			"				"				Knttler.	Separated in three days.
10	1838		"							"				Williams.	
11	1843		"						12 years.	"				Esselman.	Ligated for a polypus; came off in 18 days.
12	1846		"			"				"				Greyson.	Came off on 9th day.
13	1852		"			"			1 year.	"				Betschler.	Came off on 14th day.
14	1855		"			"				"				Oldham.	22 days in separating.
15	1861		"							"				Courty.	Separated in 13 days.
16	1863		"							"				Dale.	Death from cancer in two months.
17	1784		"				"				"	"		Lammonier.	Death in one month after operation.
18	1816		"				"		3 months.		"	"		Peletin.	Death on fifth day.
19	1864		"			"					"			Boyer.	Inversion mistaken for polypus; died in 12 days.
20	1830		"			"					"			Symonds.	Inversion mistaken for polypus; died in 8 days.
21	1852		"			"			8 months.		"			Deronbaix.	Death on 23d day.
22	1855		"			"			6 months.		"			Coots.	Death on 16th day.
23	1860		"					"			"	"		Betschler.	Death on 24th day.
24	1839			"			"			"		"		Lnytgarens.	Arteries ligated; healed in 10 days.
25	1845			"		"			13 months.	"				Michalowski.	Recovered in 14 days.
26	1678			"		"					"			Motte.	Death followed in a few days.
27	1788			"							"			Delayre.	Died in three days.
28	1858			"		"					"			Aran.	Amputation by ecraseur; died in 59 hours.

Number	Years.	Age.	Mode of operating.			Causes.			Time after Accident	Results of treatment.		Kinds.		Authority.	Remarks.
			Ligation.	Amputation.	Reduction.	Post Partum.	Polypus.	Fibroid.		Successful.	Unsuccessful.	Spontaneous.	Artificial.		
29	1859			"		"			12 months.		"			McClintock.	By ecraseur; died in 59 hours.
30	1864			"			"				"	"		Wilson.	By ecraseur.
31	1861			"		"			7 months.		"			Veit.	By ecraseur.
32	1670		"	"						"				Vicusecium.	Ligature and knife both used.
33	1787		"	"			"			"		"		Desault and Bodeloque.	
34	1802		"	"						"				Hunter.	
35	1801		"	"						"				Chevalier.	This case is reported as successful, although the patient died in a few days after the operation.
36	1806		"	"			"			"				Clarke.	Uterus supposed to be a polypus, and amputated for such.
37	1811		"	"		"			5 weeks.	"		"		Baxton.	
38	1818		"	"		"			18 months.	"		"		Windsor.	Amputation 12 days after ligation; healed in 75 days.
39	1820		"	"			"			"				Bættger.	Ligation after amputation to stop hemorrhage.
40	1821		"	"			"			"				Weber.	Recovered in four weeks.
41	1831		"	"		"			18 months.	"				Laserre.	Recovered in four weeks.
42	1835		"	"		"				"				Cook.	Ligation followed by amputation in three weeks.
43	1836		"	"						"				Mooz.	
44	1840		"	"		"			4 years.	"				Portal.	Recovered in 29 days.
45	1842		"	"				"		"		"		Betschler.	
46	1842		"	"			"			"		"		Juergenes.	Ligated with silver wire, then amputated.
47	1843		"	"		"			1 month.	"				Crosse.	Recovered in four weeks.
48	1848		"	"		"			5 years.	"				Johnson.	Recovered in six weeks.
49	1848		"	"		"			2 months.	"				Hublier.	
50	1849		"	"		"			2 years.	"				Higgins.	Quick recovery.
51	1854		"	"				"		"		"		Gredding.	
52	1859		"	"		"				"				McClintock.	Ecraseur applied after the ligature.
53	1863		"	"		"				"				Sheppard.	
54	1803		"	"							"			Watkinson.	Ligature slid off, causing fatal hemorrhage.
55	1836		"	"		"			1 year.		"			Meirholdt.	Internal hemorrhage, peritonitis and death in 19 days.
56	1810		"	"		"					"			Velpeau.	Death in 72 hours.
57	1850		"	"			"		3 years.		"	"		Engel.	Death in 7 days.
58	1867		"	"				"			"	"		Scanzoni.	
59	18—				"	"			8 hours.	"			"	Channing.	Case not diagnosed by attending physician at the time.
60	18—				"	"			10 hours.	"		"		Channing.	Reduced in a few minutes.
61	18—	24	"			"			18 months.	"			"	Channing.	Placenta torn away in pieces.
62	18—	22	"			"			12 months.	"			"	Channing.	Ligature came away in 13 days.
63	18—	35	"			"			12 months.		"	"		Channing.	Not diagnosed by attending physician.
64	18—		"			"				"			"	Channing.	
65	18—		"			"				"		"		Channing.	Not diagnosed by attending physician at the time.
66	18—		"			"				"			"	Channing.	Mistaken for polypus.
67	18—		"			"				"			"	Channing.	Mistaken for polypus.
68	18—	22	"			"			18 months.	"		"		Channing.	Reduction attempted before ligation.
69	1838	20				"			2 months.			"		Fisher.	Patient would not consent to reduction.
70					"	"			1 hour.	"			"	Fisher.	Reduced before the placenta was removed.
71	1837				"	"			1 hour.		"		"	Richards	Died in six hours.
72	1867				"	"			1 hour.	"		"		Warren.	Five and a half months advanced in pregnancy.
73	1859	21			"	"			6 months.	"		"		Potter.	Time, one and a half hours in reduction.
74	1840	30			"	"			15 months.	"			"	Potter.	Reduced in three quarters of an hour
75	1836	35			"	"			6 months.	"		"		Potter.	First mistaken for polypus; reduced in three minutes.
76	1870	12			"	"			¼ hour.	"			"	Cowards.	Reduced in twenty minutes.
77					"	"			½ hour.	"			"	Madge.	Placenta peeled off before reduction.
78					"	"			1-6 hour.	"		"		Hicks.	
79					"	"			1-6 hour.	"		"		Hicks.	
80	1868				"	"			5 hours.	"		"		Tylecote.	
81	1871	22			"	"			54 hours.		"	"		Woodward.	
82	1870	22			"	"			2 months.	"		"		Byford.	Inversion took place 35 days after confinement and was reduced by elastic pressure with water in five days.
83	1860	26			"	"			soon.	"		"		Hamill.	Inversion took place immediately after birth of child.
84	1868	28			"	"			soon.	"		"		Calkins.	Inversion took place immediately after birth of child.
85	1868	22			"	"			52 hours.	"			"	Holmes.	Homœopathic physician in attendance.
86	1868				"	"			25 days.	"		"		Trist.	First mistaken for polypus, after which spontaneous reduction took place.
87	1866				"	"			soon.	"		"		Sidey.	Reduced immediately after accident.
88		19			"	"			soon.	"			"	Denham.	The only case in 100,000 deliveries in Dublin Lying-in Hospital.

Number.	Years.	Age.	Mode of operating.			Causes.			Time after Accident	Results of treatment.		Kinds.		Authority.	Remarks.
			Ligation.	Amputation.	Reduction.	Post Partum.	Polypus.	Fibroid.		Successful.	Unsuccessful.	Spontaneous.	Artificial.		
89	1866	33			"	"			15 days.	"			"	Denham.	Not diagnosed for 11 days.
90	1866	27			"	"			4 years.	"		"		Woster.	Reduction completed after 8 attempts of 9 hours' duration: the last of 3 hours.
91	1865	24			"	"			7 months.	"		"		Emmett.	Time in reduction, 5 hours 55 min.
92	1862				"	"			13 years.	"			"	Noeggorath.	Operation by pressing one horn of uterus.
93					"	"				"			"	Noeggorath.	One side of uterus pressed in first.
94	1866				"	"			8 months.	"			"	Emmett.	Reduced in 1 hour 20 minutes.
95	1864				"	"			2 hours.		"	"		Smith and Cutter.	Death from shock.
96	1869				"			"	2 years.	"		"		Emmett.	The fundus pushed into the os and sutures applied to hold it there without completing the reduction.
97	1868				"	"				"		"		Emmett.	This case was completed after several hours manipulation by sutures in the os to hold up the fundus.
98					"	"			8 months.	"			"	Debourgeville	
99					"	"			8 years.	"			"	Baudelocque.	Reduced in ninety minutes.
100	1847				"	"			1 year.	"			"	Valentine.	Reduced in ten minutes.
101	1852				"	"			5 months.	"			"	Canner.	
102	1852				"	"			13 months.	"			"	Berrier.	
103	1856				"	"			12 years.	"			"	Tyler Smith.	Elastic pressure with a caoutchouc bag filled with air, in one week.
104	1858				"	"			16 years.		"		"	J. P. White.	The celebrated case of Dr. White — reduced in 50 minutes; patient died of peritonitis 15 days after the operation.
105	1869	28			"	"			10 months.	"		"		Thomas.	Not diagnosed for nine months; belladonna suppositories used for 3 days, then reduction accomplished in 25 minutes.
106	1869	23			"	"			21 months.	"		"		Thomas.	Preparatory treatment same as last; taxis 31 hours without result; then abdominal walls incised, os uteri dilated from above, taxis below.
107	1860				"	"			soon.	"		"		Tanner.	Inversion with placenta attached; separated and reduced.
108	1860				"	"			soon.	"		"		Tanner.	Placenta attached; separated and reduced.
109	1860				"	"			soon.		"	"		Fifield.	Placenta attached; separated before reduction; died in a few hours.
110	1866				"	"			21 hours.	"		"		Emmett.	Displacement came on after the attending physician left the house.
111	1867				"				2 months.	"		"		Emmett.	Unimpregnated uterus, and without other assignable cause.
112	1871	27			"	"			5 weeks.	"			"	White.	Reduced in 23 minutes.
113	1871	34			"	"			6 months.	"			"	White.	Reduced in 1 hour 23 minutes by taxis, with uterine repository.

Case.—I was called to see Mrs. W., in an adjoining town, on the morning of Jan. 30, 1872, and reached the address toward noon. Her medical attendant was in waiting for me, from whom I obtained the following history:

Mrs. W., aged 25, was delivered of her first child two weeks previous; labor natural and easy, lasting about ten hours. Not so with the after-birth, as excessive flowing accompanied and followed its removal, in so much that the patient came near dying from nervous shock, and fatal syncope from loss of blood. The placenta having come away prior to, or immediately at the time of the inversion, the latter was not detected.

The patient lay in a very critical condition for a number of days, fainting every time the head was raised from the pillow. A neighboring physician was called in, and supposing the symptoms were in consequence of the loss of blood that had been going on more or less profusely since her confinement, did not make an examination, and up to the time I saw the patient the case had not been diagnosed. The attending physician said that no undue traction upon the cord had been used in the delivery of the placenta, but could not say that he had felt the uterus above the symphysis at any time after the completion of the accouchment.

In the morning before I saw the patient, she stepped upon the floor for the first time, when the uterus immediately protruded through the vulva. This so alarmed the friends that I was sent for. Meantime the attending physician pressed the uterus into

the vagina, applied a compress, and supposed the difficulty entirely relieved. I found the patient upon the bed, presenting every indication of extreme exhaustion from anæmia, with a pulse of 160 per minute. On removing the compress and making a vaginal examination, a large firm mass, about three and a-half inches in length by two and a-half in breadth, was felt blocking the vagina, and might as well have been mistaken for polypus as it already had been for prolapsus. I passed two fingers around the projecting mass, and found the continuity perfect. I then manipulated with the other hand above the symphysis pubis, and was able to so far approximate the one in the cul-de-sac, as to sufficiently satisfy myself that the case was one of inversion of the uterus. As the patient and friends had been informed, when the uterus was slipped into the vagina, that "everything was right," it was with much difficulty that I succeeded in satisfying their minds in regard to the facts in the case, and the necessity of immediately proceeding to the use of taxis for the purpose of reducing the inverted organ, as it was a serious question in my mind whether anything could be gained by delay, and everything might be lost.

The patient was placed upon her back, with her knees drawn up, and in such position that I could operate while sitting or standing. The right hand was passed into the vagina, the uterus grasped and pressed firmly between the fingers, while at the same time an upward pressure of from fifteen to twenty pounds was made against the left hand, which was placed upon the abdomen for the purpose of counter pressure. This pressure was continued about five minutes each time, with an interval of the same length of time between. At the end of twenty minutes I found the neck materially dilated, and the point of constriction rapidly giving way upon each application of the force. I then made the pressure more continuous, and the interval shorter each time, for the next ten minutes, when the reduction was completed, not with a bound, but requiring about the same amount of force to the very last. By this time the patient was very much exhausted, but rallied speedily under the influence of stimulants and small doses of morphine, together with beef essence. She was kept quiet, in a recumbent position, for the next two weeks, with no other treatment save an occasional dose of morphine, to relieve pain and tenderness over the abdomen.

CASES OF CEREBRO-SPINAL MENINGITIS IN COOK COUNTY HOSPITAL.

REPORTED BY E. F. INGALS, M.D., HOUSE PHYSICIAN.

Case 1.—H—— O——, æt. 40; harness-maker; German. Admitted March 9th, 1872.

For one week before admission the patient had been complaining of severe headache, much thirst and loss of appetite, with some pain in the middle of the back.

On admission the patient was mildly delirious, especially at night. He still complained of headache, pain in the lumbar regions, thirst and anorexia. His hearing was poor, the pupils contracted, face congested, and tongue slightly coated. The patient had a mania for injections, sometimes getting up in the night, stealing quietly into the bath-room, and proceeding to take an enema. On one occasion he fainted in attempting to take the enema, and was found by the nurse, wholly unconscious.

Constant care was necessary to prevent him from making these experiments, even after his bowels had been freely moved by a cathartic.

After a few days the right pupil became dilated, the pain in the head and back began to subside, and the delirium moderated. Still the patient slept poorly; he had no appetite, and there was a constant tendency to constipation. About this time double vision began to be complained of, and dizziness on attempting to sit up.

The more violent symptoms gradually subsided until, in the course of a couple of weeks after admission, the patient was able to be up for a short time; his cephalalgia was not continuous; the appetite was improved; there was no great amount of thirst, and no delirium; however, after being up for a short

time the patient would become dizzy and the headache would recur.

All the symptoms in this case have gradually subsided, and at present the right pupil is only slightly dilated, there is a good appetite, the bowels are easily regulated, and the patient is able to be up for three or four hours at a time. The hearing seems somewhat improved, but is still poor.

Case 2.—The second case is that of a man who was admitted to the hospital suffering from severe pain in the head, neck, and lumbar region. We were unable to get a perfect history of this case. On coming in, he stated that he had been sick ten days; that the attack commenced with a chill, and that he was continually growing worse.

On admission, the face was flushed, brows knit, tongue coated white, pulse moderately accelerated, appetite poor, and bowels constipated. No symptoms of abdominal or thoracic diseases could be elicited. The question arose as to whether this was not rheumatism; but the want of rheumatic symptoms in other parts, and the persistence of the disease, together with the epidemic influences prevailing, led us to suppose it a case of mild cerebro-spinal meningitis. In this case free catharsis was induced, and 15 or 20 gr. doses of potass. brom. were given every three or four hours, for a couple of days.

Subsequently tinct. cannabis ind. was employed in doses at first of ℥xx, but rapidly increased to ʒ i, and given every two or three hours, while there was pain in the head. The patient experienced much relief from the latter drug. He slowly progressed toward recovery. As the more active symptoms subsided, potass. iod. administered and blisters applied behind ears. 28 days after his sickness commenced he was so far recovered as to leave the hospital.

Case 3.—H. G——, 20; England; mason. Admitted March 11th.

The evening of admission the patient was more rational. He stated that ten days previously he had been attacked with fever and severe pain in the head and neck. He complained of loss of appetite, thirst, severe pains in head, neck and back, sleeplessness and constipation. He stated that the bowels had moved but once in ten days.

The patient lay with his head drawn back; and he was unable to bend it forward, pressure over the cervical and lumbar portions of the spine greatly aggravated the pain in these parts. The tongue was coated white, and moist excepting at the tip; pulse 100; temperature 101½°. A free cathartic was ordered (hydrarg chlor. mit. et rhei. aa gr. x), to be followed by potass. brom. gr. x, every three hours. March 13, prescribed opium gr. i, and ext. hyos. gr. 1-4, at bed-time. Herpes labialis appeared at this time. March 14. Last night patient slept well for the first time since he was taken sick; can move the head some this morning. Subsequently to these entries the patient gradually improved on the use of tr. cannabis ind. with opium and hyos. at night. After the active symptoms had passed potass. iod. was given. 28 days after admission, and 38 after the beginning of the disease, the patient was so far recovered as to leave the hospital.

Case 4.—M. J. S——, 33; servant; Canada. Admitted March 6th.

Patient was brought into the hospital in a condition of wild delirium; head drawn back and held firmly. In the evening, chlor. hyd. ʒ i was ordered given in doses of gr. xv, every half hour. It gave very little relief.

March 7. Ordered ʒ ii of chlo. hyd. in divided doses at evening. Patient very delirious, requiring to be tied in bed. When loosened, she would throw herself from bed and resist forcibly all efforts to return her; pulse moderately accelerated, and face flushed.

March 8. The chloral administered last evening seemed only to increase the delirium. Thinking that constipation might have existed for some time, we ordered ol. tiglii; to relieve the delirium and evident pain in the head and back of neck, potass. brom. ʒi, every three hours was administered. 2 p. m. Pulse about 100; face flushed; temperature 104¼°. Delirium continues. 7.30 p.m. Temperature 102°; patient still noisy and delirious; had fever during forenoon.

March 9. Temperature 100°; patient more quiet; she slept three or four hours during

the night: considerable fever occurred in the forenoon; the bowels responded actively to the croton oil.

March 10. The patient did not sleep last night, and is very restless this morning. The nurse says that the fever was much earlier to-day. The face is flushed; tongue dry and fissured, though not much coated; bowels soluble. Brom. potass. continued.

March 13. Pulse 112; temperature 102¼°; tongue dry and slightly coated; the patient rested better last night than she has since coming into the house. Yesterday there were two evacuations of hardened faces.

Ordered a cathartic. We have as yet been unable to obtain any history of the patient previous to her admission, except that she was found by an officer sick in a street-car, and that he brought her to the hospital.

March 17. Patient has been gradually improving since the last entry, and has been able to complain of the pain in her head. Last night tinct. cannabis ind. was ordered, and gave much relief to the pain. This morning she is very much improved, and is able for the first time to give her name. She says that she had been complaining of pain in the head, neck, and back, for a week before coming to the hospital. She has an indistinct recollection of being brought here. Subsequently to this time the patient continued gradually to improve. Headache frequently recurred, which was treated with tinct. cannabis ind. Potass. iod. was also administered continuously for a couple of weeks.

At present the patient is nearly well. She is able to be up considerable of the time, but is occasionally affected with dizziness and headache. Her hearing has been impaired by the disease, and her mind seems to operate sluggishly, but whether this latter is an effect of the disease or not cannot be accurately determined, as we have none of her previous history.

Case 5.—W—— B.; 17; laborer; England. Admitted April 1st.

Patient stated on admission that he had been sick about four days. While at work he was attacked with severe pain in the temples and back of the neck. Before coming to the hospital some doctor was called in, who applied mustard to the feet and back of the neck, and evidently administered a mercurial, until the patient was nearly salivated. The patient still complains of the severe pains in the head and upper part of the neck. We find his head persistently thrown backward, and the patient unable to flex it; the skin cool; pulse 88, and a little fuller than natural; tongue covered with a thin white coat; and gums sore; anorexia and thirst are complained of; the bowels are said to be regular, and the urine natural. At bed-time, ordered chlor. hyd. ℈ ss.

April 2. Pain continues. The patient becomes dizzy on rising, and can hardly walk, even when supporting himself by the bed or table. Prescribed potass. brom. gr. xv. every four hours.

April 3. Herpes about the mouth; pain in the head diminishing; appetite improving; bowels regular. The patient complains of double vision when looking at objects across the ward.

April 4. Patient better.

April 6. Patient still improving. Cannabis indica continued, but no other treatment.

April 8. Patient feels very well; has very little pain, and is able to be up. Medicine discontinued.

April 9. The pain in the head is worse to-day.

April 10. Pain in head and neck increasing. Ordered tinct. cannabis ind. ℥ ss every three hours.

April 11. Pulse 104; temperature 103¼° F.; patient complaining bitterly of pain in the head and neck; head drawn backward; bowels constipated; poor appetite; considerable thirst; tongue coated yellowish white. Ordered a saline cathartic, and increased the dose of cannabis ind.

April 12. The patient felt very comfortable last evening, but the head is worse this morning. By an oversight of the nurse, the cathartic was not administered; it will be given to-day. The pain in the head is increased if the patient attempts to rise.

April 13. Pain about the same; bowels moved. Ordered potass. brom. gr. xx, every

four hours, and quin. sul. gr. ii, with morph. sul. gr. 1-7, every three hours.

April 14. The patient complains less of pain in the head and neck, but complains of pain over the sacrum, which pain he says has been present for some days, though he has never before spoken of it. Discontinued the morph. and quinine, and ordered a brisk cathartic.

Case 6.—Wm. G——; 26 years of age; waiter; a native of Germany. Admitted February 24th.

This patient was admitted on account of a stricture of the urethra, from which he had been suffering for one year.

Eight days after admission he began to complain of thirst and loss of appetite. The pulse was somewhat accelerated, and the skin hot. Quin. sulph. gr. v, three times a day, was prescribed.

The following day (March 4th) the pulse was 120 and the respirations 23; the countenance was anxious and pinched, and the skin moist with sweating; the urine passed readily.

At 7 a. m. of the same day, the patient began to have tonic spasms; he became unconscious, and had to be restrained to prevent him from getting out of bed. He was unable to swallow, and breathed laboriously. Pulse 160, small. Two hours later the temperature in the axilla was found to be 104°, and in the rectum 107°. There was some opisthotonos; the spasms continued to recur, but more frequently when the patient was disturbed. Potass. brom. gr. xxx was administered. At this time an eruption like urticaria had appeared over most of the body. Two hours later, at eleven o'clock, the patient was more quiet, but at once went into spasms if disturbed.

March 5. The patient became quiet about two o'clock, and died at three a. m. this morning.

In this case an autopsy revealed a thickened and corrugated bladder. The pelvis of the kidneys were dilated, and a small abscess was found in the left kidney.

There was much engorgement of the sinuses of the brain, and extensive effusion of lymph into the arachnoid cavity. The lateral ventricles were nearly filled with fluid.

The spinal canal was not opened, but the membranes at the base of the brain indicated that the inflammation had extended along the spinal meninges.

Four Children at a Birth.—A woman, residing at Northampton, Mass., gave four children at a birth. The mother and children were doing well at last advices. She has had seven children within the last thirteen months.—*Med. Record.*

Conium in the Treatment of Acute Mania.—Dr. Crichton Browne has been making experiments with conium in the treatment of acute mania, and finds the result to be far more rapid and complete recovery than by any other method with which he is acquainted.

In a valuable paper in the *Lancet* Dr. Browne expresses his conviction that the conium treatment of acute mania will speedily recommend itself, to those who use it rightly, as the most efficacious mode of dealing with that form of mental disease. In order, however, to secure its benefits, two conditions must be observed; firstly, the preparation used must be good and active; secondly, the doses administered must be adequate in amount. The succus conii is certainly the most trustworthy preparation of the drug. Even the succus, however, varies in activity in an extraordinary degree. Some of it is absolutely inert. The doses must be sufficient to produce the physiological action of the drug in order to prove beneficial in disease. The effect of conium is inversely as the motor activity of the individual to whom it is given. This being so, it must be evident that in acute mania, in which motor activity is at a maximum, very large doses will be essential. Dr. Browne has given a woman laboring under acute mania as much as two ounces of succus conii at one dose, and repeated this every four hours for two days. This was, however, an extreme case, and the patient had been gradually habituated to the drug. As a rule, he has commenced with two drachms of the succus for a woman, and three drachms for a man; and rapidly increased the dose until he noticed some cessation of restlessness, or signs of lassitude or weakness of the limbs. It is rarely that a dose of one ounce or ten drachms requires to be exceeded; and sometimes improvement begins with the very first administration, in which case no increase of quantity is necessary.—*—Ibid.*

THE
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EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, April 15th, 1872.

EDITORIAL.

Among the advertisements in this number, we would call the attention of our readers especially to those of E. H. Sargent; Bliss & Torrey; and Codman & Shurtleff. We think the instruments described in the latter are the best of their kind in use.

Medical Books. — We have received a printed Catalogue, embracing an extensive list of medical books and monographs, for sale by James Campbell, 18 Tremont street, Boston, Mass.

We have also on our table a recent Catalogue of valuable medical works published by the well-known publishing house of Lindsay & Blakiston, of Philadelphia. Their list embraces the publications of the Sydenham Society also.

Cerebro-Spinal Meningitis.—This disease appears to have been prevailing for some months past in a large part of the populous towns through a belt of country embracing the northern part of Iowa, Illinois, Indiana, and the southern part of Wisconsin, Michigan, and the western part of New York. In some places it has been very fatal; in others, only moderately so.

It continues to prevail, moderately, in this city; though, we think, less than during the last part of March and first half of April. In the present number of the Examiner will be found a full detail of the cases treated in the County Hospital in this city; our next issue will contain an account of the disease as it appeared in Sterling, Illinois, and its vicinity. We hope practitioners in other places will give us the results of their observations concerning the present epidemic.

Domestic Correspondence.

Lawrence, Mich., Feb. 7th, 1872.

Prof. Andrews — *Dear Doctor:* In the summer of 1868 I removed an epithelial cancer from the back of the hand, extending obliquely from near the first joint of the fore-finger to the tendon of the little finger, at the metacarpal articulation, oval in shape, like a great wart, and covered by a scab. It had been previously "burned" out by a cancer quack at Paw Paw, twice.

The wound healed well; but in the fall another wart appeared between the metacarpal bones of the thumb and fore-finger. I was in Chicago at the time, and found on my return in the spring a cancer fully as large as the previous one, ulcerated and discharging a very fetid sero-purulent fluid. The patient was an old man eighty-two years old, but vigorous, and as young as most men at sixty-five.

There were two other warts forming upon his face, looking more like crusts than anything else. I found it impossible to correct the fetor; and in spite of iron and tonics he grew cacheetic. The ulcer began to bleed. Seeing his almost hopeless condition, and being unable to bear the horrible odor emanating from the ulcer, he determined to submit to an amputation, which, under the circumstances, I deemed justifiable, though, owing to the manifest cachexy, almost hopeless. I thought, on the whole, that he would live longer after an operation than without it. In June, 1869, I amputated in the middle third of the arm. He bore the operation extraordinarily well, and convalesced more rapidly than any one I ever saw. I removed at the same time the warts on his face. Put him on iodide of iron; and he made for himself a pill of the dried juice of the phytolaeca decandra, and also drank an infusion of the bark of the red alder, having read that these were good for cancer. The cachexy disappeared; and although much broken down and unable to work, he enjoyed good health for over two years, and died last fall of pneumonia. This is the only case of cancer that I have cured.

I have two cases of cancer of the breast under treatment — one for two years, with galium — and the tumor in one case has almost entirely disappeared, and the other has diminished to one-third its former size. I tried arsenic and conium in the latter case with no effect. I was so much impressed with the old man's tea of tag alder, that I used it in both of these cases, and noticed that iron seemed to do five times as much good while they took the infusion as it did without. Whether galium is a specific for cancer or not, I can say that it diminishes the pain better than anything I have used or seen used.

I have not tried the cundurango yet, but mean to compare its effect with that witnessed in these cases. Cancer is hereditary with both these women. The cancer in the first case was recent and growing, though it had not attained a large size, being irregular and not more than an inch in its largest diameter. A curious fact was noticed in the family history, that most of the males had died of tuberculosis, while the females died of cancer. She has two aunts in Ohio who are quite old, in whom the disease reached a certain point, and has been dormant for years.

In the second case, the parents are cousins. I could learn positively of only one death in the family from cancer. This was an aunt on the mother's side who had been operated on, and the disease had returned. They thought that a cousin had died of the disease, but I could not learn positively. The tumor in the second case was irregularly oval, nodulated, extending downward from the nipple, which was not retracted; was about three inches at the longest diameter; was of nine years standing, though it had not grown any for six years; axillary glands somewhat enlarged; lancinating pains very severe. When I first saw the patient she was sallow and cachectic; but from the effect of the iron I gave her, and her history, I am satisfied that this appearance was due to malarial influences, and that the constitution was not affected.

Knowing how interested you are in everything pertaining to our profession, I thought I would send you these sketches of two of my *odd* cases. I think I am favored with a great many odd ones. I remain,

Yours truly,

Ed. J. Cleveland.

Society Reports.

CLINTON CO. MEDICAL SOCIETY, IOWA.

The Clinton County Medical Society held their regular quarterly meeting at Dr. Morgan's office in DeWitt, April 16, 1872. The meeting was called to order by the President, Dr. D. Langan, at 5 o'clock p. m. Charles H. Lothrop was appointed Secretary *pro tem.* The roll was called, and showed the following members present: Drs. Langan, Lothrop, Frost, Morgan, Dennison, and Prof. Farnesworth. The minutes of the previous meeting were read and adopted. The application of Dr. Willis Butterfield for membership was received and accepted, and on motion of Dr. Farnesworth he was requested to take part in the proceedings of the present meeting. The Society then adjourned for supper, accepting the invitation of Dr. Langan, and a couple of extremely pleasant hours were passed in the enjoyment of his hospitality.

Business was again resumed at 8 o'clock; and a very able paper was read by Dr. Morgan on "Fractures of the Femur, and treatment," which was fully discussed by Drs. Farnesworth, Frost, Butterfield and Lothrop. Next Prof. Farnesworth read a scholarly paper on "Medical Education," which received the approbation of the Society. On motion, a committee was appointed to report to the State Society on the New York law on malpractice, which requires the plaintiff to give bonds in twice the amount of the damages claimed. Dr. Langan appointed Prof. Farnesworth, Dr. Lothrop, and Dr. Morgan.

The following members were appointed to read essays at the next meeting: Dr. Charles C. Lothrop, *Cerebro-Spinal Meningitis;* Dr. J. Dennison, *Puerperal Fever;* Dr. Frost, *Scarlet Fever;* Dr. Reynolds, *Typhoid Fever.*

On motion of Prof. Farnesworth, Dr. Langan was appointed the delegate of the

Clinton County Medical Society, to the American Medical Society, which is to meet at Philadelphia in May, 1872. Quite a lively discussion upon cerebro-spinal meningitis, which was participated in by Drs. Dennison, Morgan, Lothrop, and Farnesworth; and the symptoms, pathology, and treatment were fully discussed, inasmuch as the disease has lately attracted much attention in this locality, as well as in other parts of the United States.

The meeting was one of great interest, and the Society remained in session until a late hour at night, when they adjourned, to meet in Camanche on the third Tuesday in July.

Gleanings from Our Exchanges.

Chronic enlargement of prostate gland has been much benefited by a suppository composed of one scruple of iodoform to one ounce of cocoa butter.

A Sovereign Anti-Bilious Pill.—We transcribe (by permission) from the prescription book of one who has been actively engaged in practice for the last thirty years, a formula for an anti-bilious pill, which, we feel confident, will find favor with all disposed to adopt it. As will be seen, besides containing all the components of the "Cook pill"—a pill of established popularity in the South—its also embodies other important adjuvants. The gamboge and podophyllin give increased action and augmented hepatic tendency, whilst the capsicum and extract hyosciamus impart to the whole a fine corrective and anti-drastic quality. By substituting pure castile soap for the calomel, we also have a pill that will effect all that is meant by a "Vegetable Anti-Bilious Pill:"

R	Calomel Rhubarb Aloes	aa.	dr. j.
	Capsicum Gamboge Podophyllin, Ext. Hyosciamus	aa.	gr. xij.—M.

Make mass with Ar. Syr. Rhubarb, and divide into 22 pills. Dose from 2 to 4 for adults, as a prompt and efficient anti-bilious evacuant. —*Georgia Medical Companion.*

Dimness of Vision Following the Use of Hydrate of Chloral.—E. Burke Haywood, M.D., Raleigh, N. C. (*Rich. and Louis. Med. Jour.*), writes that he gave hydrate of chloral, in twenty-grain doses, for two weeks, to an old gentleman complaining of buzzing in the head, pulsation in the epigastrium, and soreness around the waist. At the expiration of two weeks the patient complained of dimness of vision, which, rapidly increasing, he suspected that this remedy caused it, and discontinued its use, when his vision improved, and gradually became as good as it was before using the hydrate of chloral.—*Ibid.*

Cure for Corns.—Bathe the feet well in warm water, then with a sharp instrument pare off as much of the corn as can be done without pain or causing it to bleed, and dress once a day with the following salve:

R	Black Oxide of Copper,	gr. xv.
	Lard,	oz. ss.—M.

—*Ibid.*

Perchloride of Iron in Post-Partem Hemorrhage.—Dr. J. T. Johnson (*National Med. Journal*), says:

"In the Dublin Practice of Midwifery, the bold advice of Dr. Robert Barnes, of London, is followed in cases of *post-partem* hemorrhage, in the injection into the uterus of a solution of the perchloride of iron—strength, one part to four parts of water. They inject very cold water into the uterus, taking the usual precaution not to inject air, and if not successful in controlling the hemorrhage, they then use the perchloride of iron. They are much pleased with its effect, and recommend it very strongly."—*Ibid.*

Oiling Urethra in Catheterization.—It has been recommended to inject oil into the urethra previous to attempting to pass a catheter or sound in difficult cases of stricture. Dr. C. L. Carson, in *Lancet*, recommends, in place of this, filling the catheter with oil before introduction, and holding the finger over the open end until after the introduction of the end of the instrument within the urethra, when the finger may be removed.

Recurrent Vision.—Prof. A. C. Young, of Dartmouth College, mentions a fact which, so far as we know, has not been noticed before. He states that on illuminating a room with an electric spark, any object that was looked at reappeared at short intervals for two or three times. He experimented with a black screen, on which was fastened a white cross, made of strips three or four feet long by a foot in width. He is sure that the reappearance of the object is not due to a repetition of the spark, for upon moving the screen backwards and forwards, the cross always appeared in the same place. He measured the intervals between the appearance of the

object by an ingenious contrivance, and finds it to be from 0·17 to 0·30. The explanation that he gives of this phenomenon is that it is due to "*a reflection of the nervous impulse* at the nerve extremities—as if the intense impression upon the retina, after being the first time propagated to the brain, were then reflected, returned to the retina, and from the retina traveling again to the brain, renewed the sensation." He calls this phenomenon "Recurrent Vision."—*Am. Jour. Science and Arts, April.*

Incontinence of Urine in Children.—Dr. Holmes Coote says that he has relieved incontinence of urine in children by the use of creasote, in every case in which he has tried it, some six in all, and when all other remedies had failed. The form in which he administers the creasote is in the form of pill one minim, with a sufficient quantity of bread crumbs.—*Lancet.*

Gangrene Produced by Dressings of Carbolic Acid.—Dr. Tillaux reports two cases in which gangrene resulted from the application of carbolic acid to wounds.

Pathology of Consumption.—Dr. Battson, says: "I cannot agree with Niemeyer that the vegetarians in diet are more subject to consumption than the well-to-do, or better fed class. Something else than an excess of *lime* in the blood is necessary for the production of tubercle.

"Louis's fatty liver of consumptives will help us to the explanation. I regard "phthisis" as much more frequently affecting the intellectual—the large-brained, the nerve-temperament. I am guessing, as you may think; but it seems to me, as *cholesterine* is the normal waste of brain and nerve tissue (*Reporter*), so is tubercle the morbid waste, or detritus, of brain and nerve tissue. Tubercle is essentially granular, composed of aplastic or retrograde cells with nuclei enclosed. An excess of phosphorized fat, as well as an excess of lime in the blood, is absolutely essential to the production of tubercle.

"I have the very best authority for saying that the rural population of France are vegetarian in diet; and yet that population are freer from consumption than any other, except, perhaps, Italy and Spain (vegetarian) in Europe, certainly than that of Great Britain, or any part of central Europe. Our New England population are largely more subject to tuberculosis of the lungs than the population of any other part of the United States, and, although largely vegetarian, still consume more fatty diet than can be appropriated to its physiological uses. Besides, so I am told, the water used in New England for drinking purposes and cooking is *soft* and not limestone, as it ought to be."—*Philadelphia Medical and Surgical Reporter.*

Progressive Pernicious Anæmia.—In the *Medicinische Central Zeitung*, Prof. Biemer calls attention to this invariably fatal disease. He has seen fifteen cases in five years. The patients have a hydræmic appearance, loss of appetite, but not of fat, anæmic sounds in the arteries, capillary hemorrhages, especially of the retina, often with disturbances of the sight, some fever, and progressive debility. The *post-mortems* showed fatty degeneration of the heart and muscles.—*Idem.*

On the Employment of Taxis in Strangulated Hernia.—Dr. Smyle, in the *British Medical Journal*, calls attention to a plan for dilating the ring in strangulated hernia, and thus facilitate the reduction without the use of the knife. His plan is to crowd the finger outside of the sac into the ring, dilating it as much as possible, and then to return the tumor if possible. "For inguinal hernia in the male the index finger is applied to the lowest part of the scrotum. This is invaginated (as in Wutzer's operation for radical cure) the finger being passed behind the testicle and cord up to the external ring. The hernial tumor is then pressed downwards over the finger towards the back of the hand so as to make the structures in the ring tense, and consequently smaller. The invaginated finger is then forced firmly upwards and outwards in the direction of the internal ring. As soon as the finger is firmly grasped, the hand should be turned slightly toward the middle line. Considerable force may be safely applied in this way, as all the delicate structures are behind the finger which acts mainly on the stricture. On withdrawing the finger the hernia can usually be returned." Dr. C. C. F. Gay, of Buffalo, in an article in the *Georgia Medical Companion*, calls attention to the same method, and also says that he has had more success in the reduction of hernia when the patient was in the *upright* position and *semi-prone* position, with the thighs placed upon the body.

Opium as an Antidote to Belladonna.—Dr. Peterfield Trent reports a case of poisoning by ten grains of belladonna, in which laudanum was used with success as an antidote.—*Jour. of Materia Medica.*

Chlorate of potash in ten grain doses, together with a little morphine, has been given with excellent results in dysentery.

Aconite is said to produce serious uterine irritation if continued any length of time.

Treatment of Chronic Intermittent Fever with Enonymess Atropurpureus (Wahoo).—Dr. C. Richmond states that he has been more successful in removing enlargement of the spleen in chronic intermittents with this remedy than by any other means that he has tried. His "manner of using it is in the infusion of the fresh bark of the root; two ounces of the fresh bark of the root to one part of water, poured upon it boiling hot and allowed to steep some time. Of this, from half a pint to a pint should be given each day." He "generally gives the remedy until it purges at first, then as a diuretic and tonic." Quinine can be given at the same time.—*Ind Jour. of Medicine.*

A Lusus Nature.— Dr. N. Hegyetter reports a case of "a living, healthy child born with a tumor on its back containing a foot, leg, and thigh; also the rudiment of a hand, and a small placenta, or what was identical with the placenta in appearance; also a portion of the surface (inner) coated with hair, and three distinct sacs, which, along with the tumors proper contained a fluid resembling the liq. amnii."— *St. Louis Med. and Surg. Journal.*

Fluid Extract of Gelsemium has been used by Dr. W. Scott Hill in doses of from ten to fifteen drops sometimes combined with bromide of potassium, with great success in irritable bladder.

Bone Felon Arrested by Congelation. —Dr. J. B. Walker reports a case in which all "the distingnishing characteristics of a felon were manifest: pain, throbbing, some tumefaction, and the nervous excitement, indicated plainly what was in advance." He placed the finger in a mixture of equal parts of salt and snow, in a tumbler. When the finger became insensible he removed it for a moment, until the sensibility began to return, when the application was renewed. This was repeated as often as the pain returned. After about two hours of the application the pain did not return, and there was no felon.—*St. Louis Medical Archives.*

Remedy for Dandruff.—A writer in the *Amer. Jour. of Pharmacy* says that a preparation of an ounce of flowers of sulphur and a quart of water be made, the clear liquid poured off after the mixture has been shaken repeatedly at intervals of several hours, and the head wet with this mixture every morning. Simple dandruff will disappear under this treatment in a short time.

It is said that phosphate of lime will benefit the vomiting of pregnancy.

Heartburn.—A writer in the *Pharm. Jour. and Trans.* claims that heartburn is produced by butyric acid, fermentation of food in the stomach. This fermentation will be stopped by the bisulphites and proposes a bisulphite of magnesia as a remedy; magnesia having no injurious effect on the stomach as lime, soda and potash have.

Poisoning by External Application of Remedies.—The London *Lancet* (Sept., '71) reports the death of a child from an external application of an alcoholic solution of corrosive sublimate, 80 grains to the ounce. The patient was afflicted with tinea tonsurans; thirty hours after the solution was applied to the head salivation appeared, and death followed on the fifth day.—*Ibid.*

Treatment of Hemeralopia.—Dr. Philip Guntersdor (*Med. Chir. Centralbl.*, 1871) recommends electricity as a powerful remedy in this disease. He applies the induced current of moderate force by means of an electrode of wet sponge upon the forehead and eyes of the patient. Each sitting ought to last fifteen minutes, and a few sittings suffice.—*Doctor, March* 1.

Ligature of the External Iliac Artery. —High up on the right side the external iliac artery has recently been ligatured by Dr. R. G. Butcher, of St. Patrick Dun's Hospital, Dublin. Six days after operation the case is reported as progressing favorably. The operation was conducted by Dr. Butcher in nine minutes, and the necessity for its performance owing to the presence of a large inguinal aneurism which not only filled the groin, but also extended above Ponpart's ligament. —*Ibid.*

Precocious Development. — Flugel describes in the *Bayr. artzl. Intell.-Blatt.*, the case of a female child who died of diarrhœa at the age of five and a-half years, having attained the height of five feet. The incisor teeth all appeared when she was six months old, and at nine months she had all the molars. At a year and a-half of age she menstruated, and, especially in her later years, the periods were tolerably regular. The external genitals, excepting the absence of hair, were well developed; the breasts were full, and the pelvis roomy. The condition of the internal genitalia was not ascertained. As regards her intellect, she did not appear to be in advance of other children of her age, although she had begun to speak when six months old.—*British Med. Journ.*

Experiments are related which appear to prove that strychnia and morphia are antidotal to each other.

Decaisne on the Treatment of Delirium Tremens.—Decaisne (*Journ. Off. de la Repub. Franc.*, 1871) has made comparative experiments on the different modes of treating delirium tremens. He treated five patients with opium, and four with digitalis. The symptoms of excitement disappeared under opium on an average in five days, and with other remedies in six days. Seeing the similarity of results obtained with the different remedies, Decaisne desired to try expectant treatment, and put eight patients under this treatment; these became calm in about a similar number of days. As a consequence of these experiments, he proposes expectation as a treatment for delirium tremens, with the sole observation that all alcoholic fluids (wine, etc.) be left off, and tepid baths made use of. —*Ibid.*

A Valuable Medical Library for Sale. —The valuable library of the late Professor George C. Blackman, M.D., of Cincinnati, containing upwards of three thousand volumes of medical works, besides many pamphlets, journals and papers, is now in the hands of Mr. Robert Clarke, of Cincinnati, for public sale. We agree with the editors of *American Practitioner*, that the library should be owned by some public institution or association, similar to the New York Medical Library and Journal Association.

The Uvula.—Dr. Noble Smith condemns, in the *British Medical Journal*, the practice of snipping the uvula, and advocates its complete removal in cases where any operative procedure is called for. He relates two cases simulating consumption, which were at once cured by the removal of the elongated uvula; and says that, in mere snipping the organ grows again, and no good results. On the other hand, Sir G. D. Gibb argues in the *Lancet*, that the uvula has important functions in deglutition and vocalisation, and that its true muscular end does not often become elongated, but only the membrane, and perhaps adipose tissue; consequently, that snipping this part and leaving the muscular fibers intact is quite sufficient, and that no inconvenience arises from this practice.—*Ibid.*

Dr. Sage's Catarrh Remedy.—Having had occasion of late to dissolve the contents of a bottle of this great remedy in a pint of water, for a customer, its appearance induced an investigation. It is of a rather dark green color, sandy to touch, of a camphorous smell and saline taste, dissolving with facility in water, with a green, slightly opalescent color, which slowly settles to the bottom, leaving a clear yellowish solution. Twelve grains were retained, dissolved in an ounce of distilled water and one half tested with solution of nitrate of silver; an instantaneous white curdy precipitate was formed, indicating muriatic acid. Nitric acid did not change this precipitate, but upon adding a few drops of aqua ammonia it was re-dissolved. Solution of carbonate of soda produced no change in the original mixture, and a glass rod wet with the latter and held into an alcohol flame turned it yellow, characteristic of sodium. Want of time prevented the identification of the coloring matter, as well as of the odoriferous ingredient. Fifty cents is rather a high price for less than half an ounce of table salt. —*Pharmacist.*

Transfusion.—It appears to some that the difficulties and dangers of this operation have been exaggerated, a position that is certainly in consonance with the results of injecting saline solutions into the veins. The *Gaz. Med. Ital. Prov. Veut.* published a case of gastric hemorrhage in a woman sixty-three years of age, who being in *articulo mortis*, was restored by the injection of one and a half ounces of defibrinated blood taken from the arm of her son. In seven days she was discharged cured from the hospital. It is stated that the warming of the blood, or the syringe, and any preparation of the vein more than is necessary for ordinary bleeding, are all useless precautions. Even the mixture of air with the blood is innocuous.

Commenting on this, the *Medical Comos* adds that the addition of such diffusible stimulants as ammonia to the blood to be injected not only serve to preserve its fluidity, but also to directly excite the heart and general circulation.

In the *Centralblatt* some cases of transfusion have been published by Juergensen, and extensively quoted. In a case of gastric ulcer, complicated with pleurisy, in which the patient was reduced to the last extremity, the operation was without benefit. Two other patients recovered, one a case of phosphorus poisoning, in which there was much hemorrhage; the other a case of asphyxia from carbonic acid, in which the benefit was most marked, and for which accident Juergensen looks upon transfusion as an important remedy.—*Ibid.*

Incontinence of Urine in the Aged—Dr. Schmidt recommends one drop of the tincture of iodine every two hours for this trouble. He has found marked relief follow its use.—*New York Med. Journ.*

News Items.

The Medical Profession in Russia.—From official papers it appears that during the past year 10,000 medical men carried on practice. Of these about 6,113 were in the service of the Government, and 4,686 independent of it. These figures give one medical man for 7,182 inhabitants. In many districts a long journey must be performed before a medical man is found. In the United States of America there are 49,798 doctors for the thirty-nine millions of inhabitants—viz., one medical man for every thousand inhabitants.—*Lancet, April*, 1872.

Health Officers' Report for Philadelphia for 1871.—The births were 18,346; marriages 6,806; deaths 16,993. The principal epidemic was small-pox.

In the early part of the year this loathsome disease made its appearance, but did not attract any particular attention until August, when it began to assume the form of an epidemic, and continued gradually until the month of October, when we registered three hundred and thirty-one (331) deaths; it still continued with greater violence until the end of the year, when our entire mortality reached one thousand eight hundred and seventy-nine (1,879); previous to October, we only had registered forty-seven (47) deaths, thus leaving one thousand eight hundred and thirty-two (1,832) in the months of October, November, and December.

Scarlet fever shows 262 deaths; cholera infantum, 829; consumption, 2,237; and croup, 264. Of the total, 27 per cent. were children under one year of age, and 46 per cent. children under ten. The rates of deaths to population was one in forty-four; the highest in any one ward, one in twenty-nine. —*Philadelphia Med. and Surg. Reporter.*

Chronology of American Medical Journalism.—Prof. Noble Young, M.D., of the Georgetown Medical College, D. C., said, in his address on the laying of the corner-stone of the building for the College of Physicians and Surgeons, Wilmington, N. C.:

"The honor of establishing the first medical journal in the United States is due to New York by the labors of Doctors Samuel M. Mitchell, Edward Miller, and Elihu H. Smith, in 1797. The *Philadelphia Medical and Physical Journal* was next published in 1804, followed by the *Philadelphia Medical Museum*, in 1805; *Baltimore Medical and Physical Recorder*, 1808; *New York Medical and Philosophical Journal and Review*, in 1809; *The American Medical and Philosophical Register*, in New York, in 1810; *The American Mineralogical Journal*, at New York, in 1810; *Eclectic Repository*, in Philadelphia, in 1811; *Baltimore Medical and Philosophical Lyceum*, in 1811; *New England Journal of Medicine and Surgery*, Boston, in 1812; *American Medical Recorder*, Philadelphia, in 1818; *Philadelphia Journal of Medicine and Physical Sciences*, in 1820; *American Journal of Science and Arts*, New Haven, in 1821; *New York Medical and Physical Journal*, 1822; *Western Medical Reporter*, Cincinnati, Ohio, 1822; *Hartford Analectic Journal of Medicine and Surgery*, 1823; *Boston Medical Intelligencer*, 1823; *Medical Review and Analectic Journal*, Philadelphia, 1824; *New York Monthly Chronicle of Medicine and Surgery*, 1824; *Carolina Journal of Medicine, Science and Agriculture*, at Charleston, S. C., in 1825."—*Philadelphia Med. and Surg. Reporter.*

The University of Strasbourg is to commence operations under German auspices May 1st. The Medical Faculty are, Dr. Waldeyer, Anatomy; Dr. Hoope Seyler, Physiology; Von Recklinghausen, Pathological Anatomy; Dr. Schmiedeberg, Materia Medica; Dr. Leyden, Internal Pathology; Dr. Lucke, Dr. Gussbrow, Gynæcology and Obstetrics. This is a fine array of talent.

Falling off at Harvard.—Since the adoption of the extended curriculum at Harvard, the number of students has diminished by 105, which shows precisely the number of students attending lectures there whose only desire is to get a diploma with as little trouble as possible.

A Heavily Backed Journal.—A new Journal of Ophthalmology has been started in Paris. Its cover bears the names and titles in full of two directors, fifteen editors in chief, including the directors, and thirteen corresponding editors.

Privy Councillor Traube, of Berlin, has been appointed to the position of professor-in-ordinary at the University of Berlin. Professor Traube is the first individual of Jewish faith ever appointed to this position in Berlin.

Varicella in San Francisco.—Chicken pox has been prevailing lately in San Francisco in an aggravated form, some cases so near to small pox in character as to have been reported as such to the Board of Health.

To Disguise Castor Oil.—Rub up two drops oil of cinnamon with an ounce of glycerine, and add an ounce of castor oil. Children will take it as a luxury and ask for more.

Book Reviews.

History of Medicine from the Earliest Ages to the Commencement of the Nineteenth Century. By Robley Dunglison, M. D., LL.D., late Professor of the Institutes of Medicine and of Medical Jurisprudence in the Jefferson Medical College of Philadelphia, etc., etc. Arranged and edited by Richard J. Dunglison, M.D. Philadelphia: Lindsay & Blakiston. 1872.

We have received from the publishers, through the Western News Company of this city, a copy of this work. It is a small-sized octavo volume of 287 pages, published in excellent style, and sold by subscription only, at $2.50. From a hasty glance at its pages, we think it is perhaps the best and most authentic summary of the history of medicine prior to the commencement of the Nineteenth Century, that is accessible to the profession in this country. It is concise, comprehensive, and supplied with a copious index. It is therefore well adapted for the use of both students and practitioners.

The Urine and its Derangements, with the Application of Physiological Chemistry to the Diagnosis and Treatment of Constitutional as well as Local Diseases. Being a Course of Original Lectures delivered at University College, London. By George Harley, M.D., F.R.S., Fellow of the Royal College of Physicians, etc. etc., etc. With Illustrations. Philadelphia: Lindsay & Blakiston. 1872. pp., 334. Price $2.75.

Our copy of this work was received through Jansen, McClurg & Co., booksellers, of this city; and in its mechanical execution is certainly creditable to its well-known publishers. We had thought the field embraced in this volume already well occupied by a number of able writers, whose works are familiar to the profession: but Dr. Harley has certainly given us a very valuable additional treatise, which will be found worthy of study by every practitioner who wishes to keep fully informed in regard to urinary and renal derangements. Nothing illustrates more forcibly the truly scientific character of modern medicine than the application of organic and physiological chemistry to the diagnosis and pathology of disease, as presented in works like the one before us. The author's style is concise, easy, and pleasing; and we commend the book as worth buying and reading.

When and How; or, a Collection of the more recent Facts and Ideas upon raising Healthy Children. By Dan Newcomb, M.D. Chicago: Arthur W. Penny & Co. 1872.

This is a small-sized octavo volume of 324 pages, published in fair style, and written more for the general public than the profession. It embraces eight chapters on the following topics: Physiological and Hygienic Knowledge; Like begets Like; Pure Air and Respiration; Digestion and Nutrition; Food and its Elements; Clothing and Cleanliness; Activity and Exercise; Sleep. These very important topics are discussed in a plain, practical manner; and yet so fully as to present almost every item of knowledge needed by parents in the management of their children. The author's directions in regard to all the topics named are judicious, and his style well calculated to interest the non-professional reader.

It would do much good if it could find a familiar place in every family library.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. From May 18th, 1870, to Feb. 7th, 1872, inclusive. Philadelphia: Collins, printer, 705 Jayne street. 1872.

This is a pamphlet of 54 pages, containing an abstract of the doings of the Society for one year and eight months. The reader will find in it much of scientific and practical value.

Money Receipts to May 1st, 1872. — Dr. J. Priestman, $3.00; Aug. Rhoads, $3.00; L. S. Rogers, $5.00; M. H. Cushing, $3.00; S. G. Claybourg, $3.00; W. T. Knapp, $1.50; Hewett & Dysart, $3.00; W. W. Wynne, $9.00; H. W. Smith, $3.00; H. Rosbough, $3.00; A. C. Simonton, $3.00; A. H. Thompson, $3.00; G. W. Rohr, $6.00; G. W. Phillips, $9.00; W. H. Mussey, $3.00; D. B. Trimble, $3.00; D. E. Thayer, $6.00; S. Hemminway, $5.00.

Original Communications.

LETTERS FROM SOUTH AMERICAN SURGEONS ON CUNDURANGO, TO E. ANDREWS, M.D., PROFESSOR OF SURGERY IN CHICAGO MEDICAL COLLEGE.

In November last I wrote to a number of prominent physicians and surgeons in Ecuador, asking their opinions and their facts on the efficacy of this new drug.

The postal communications with that country are so slow that I have only recently received replies. As I read Spanish with some difficulty, I have availed myself of the kindness of Mr. John Sundberg, of the College class, who is more familiar with that language, and who has made the subjoined translations.

The first letter is from the Surgeon-in-Chief of the Army of Ecuador, Dr. Oblonoxato Auriboje, and is as follows:

GUAYAQUIL, Jan. 12, 1872.

Senor Dr. Edmund Andrews:

DEAR SIR—I have the honor to answer your valuable letter of Nov. 15 last year. The reason why I did not do it by return steamer, was because I had been absent from Guayaquil for thirty days.

Concerning cundurango, I can assure you that it is a very efficacious remedy in the syphilitic affections of the mucous membrane; in several diseases of the skin, especially the herpetic; in several eczemas, and in most of the diseases which arise from impure blood.

In rheumatism it is a powerful recourse, especially in the fibrous and muscular forms, after first having suitably prepared the patient.

In cancerous diseases it is a powerful alterative—above all if the disease is not very old. Of cases of radical cure I only know two—one a cancer of the tongue, whose history you will see in the periodical "*El National*," No. 100, and the other a case of cancer (not ulcerated) of the right breast—terminated successfully under the use of cundurango. Great improvements of ulcerated cancers are seen every day. To-day I have a case of an enormous cancer of the right breast. That the progress of the disease has stopped is indubitable. It is about eight months old. It seems as if the action of the medicine is more certain in young persons than in subjects of old age. In external diseases I make use of local applications of different preparations of cundurango. Internally I have used infusion, and experience has shown me that this is the best mode for use.

I shall have much honor in communicating in the future all relating to scientific works on cundurango.

Yours truly,

OBLONOXATO AURIBOJE, M.D.,
Surgeon-in-Chief of the Army.

From this epistle it appears that the distinguished writer values the remedy most for its anti-syphilitic power, but that he also has great confidence in its ability to cure some cases of cancer.

The second letter is from Dr. Camilo Casares, Professor of Surgery in the University of Quito. It will be seen that the Professor relied on his published documents, to be forwarded by the next steamer, to place me in possession of his observations. Unfortunately these have not yet arrived, so that I can only say, in general terms, that he appears to endorse the efficacy of cundurango. I have written again for the papers, and when they arrive will acquaint the readers of THE EXAMINER with their contents. Here is the letter:

QUITO, 27th of December, 1871.

Senor Dr. Edmund Andrews, Professor of Surgery Chicago Medical College:

DEAR SIR—I have the pleasure of answering your valuable letter, dated in Chicago on the 15th of November, 1871, assuring you that by the first steamer you will have all the data which I have been able to collect in the hospital which is in my charge, as well as in my private practice, in regard to the properties of cundurango. The many contradictory opinions which this plant has roused, has indeed me to publish an article, if not scientific, at least with truth and sincerity, since so important a discovery can with difficulty be judged in the short time which this has had.

I am happy to avail myself of this opportunity to offer you my friendship.

Our communications, which no doubt from this time onward will be established, will be easy and secure by the favor of my much esteemed friend, Col. Rumsey Wing, American Minister in Ecuador.

I wish you had correspondence with Dr. Bliss, and you would deign to give him my respects. The rudeness and want of justice with which this gentleman has been treated in the *Times* for his opinions in regard to cundurango, have vividly excited my sympathy for him.

From your friend and obedient servant,

CAMILO CASARES,

Professor of Anatomy and Surgery in the University of Quito, Ecuador.

Fourth street, No. 36, Quito.

The third letter is from Dr. Augustin Ruiz, of Loja. This town, Loja, is the capital of a province of the same name in the heart of the Andes, and is in the region where the cundurango grows, and where its qualities were first experimented on. It will be seen that Dr. Ruiz offered to sell me the article, delivered in New York, at two dollars a pound, when Bliss & Keene were doling it out at forty dollars a pound. It will also be noticed that the old Indian in Loja who first took it, and is reported by Dr. Bliss to have been thereby cured of cancer, is stated by Dr. Ruiz to have had nothing but tertiary syphilis; and, further, that he is not aware that cundurango possesses any power to cure cancer. He is, however, like the other medical gentlemen of Ecuador, strongly impressed with its anti-syphilitic power.

LOJA, January 14, 1872.

Prof. Edmund Andrews:

DEAR SIR—I have received, on the 6th inst., your most valuable letter of November last year, wishing me to communicate to you my opinion of the efficacy of cundurango in the treatment of syphilis and cancer, together with some of the facts which have come under my own observation. In reply to this I shall state the following:

The cundurango was only known in this province as a poison, with which dogs were killed, until a woman—whose husband, fifty years of age, who was suffering with constitutional syphilis, from which almost his whole body, and especially his face, was ulcerated—wishing to get rid of him, as she was unable to support him, resolved to kill him with the plant in question, and began to give him a decoction of it under the pretext that it was a remedy which she had been advised to use for him. The poor old man took his first portion, which his wife hoped would settle him. But seeing that her object was not accomplished, and attributing the bad result to a too small dose, she continued to administer it to him daily. But to her great surprise, at the end of eight days, her husband commenced to get better rapidly, and at the end of one month he was completely cured. The husband, on the other hand, was also surprised at having recovered from a disease which he had had two or three years, and with which he had expected to die, and he asked his wife what the so miraculous remedy was which had produced in him such a famous cure. She disclosed to him that it was cundurango which she had given him, and which had done him so much good. This, sir, is the origin of this discovery. Since then the town, which was overflown with syphilis, has known this remedy, and it has never failed yet during a period of about forty years. I have used it for about six years in more than thirty cases of tertiary syphilis, and in none has it failed to produce a radical cure in less than forty days.

Chronic rheumatism, and some kinds of incipient paralysis dependent on the same, have been treated and cured by cundurango, and with good result. I have administered it in two cases of this disease, and in both obtained the most happy results.

As to its anti-cancerous action I can say nothing, as I have not tried it in this disease, no well confirmed case of this kind having ever presented itself to me. But let me tell you that this remedy acts as an alterative in all diseases of the skin, modifying and curing most of them. This is all what I, as a physician, have observed about cundurango.

The cundurango on which our observations have been made, is the one which grows in our province, Loja, although it is said to grow

in other parts. As I, however, know only ours, I am unable to say whether the others possess the same medical virtues. We have only administered it in decoction. Cort. cundurango, ℥ ss to aqua Oj, boiled down to ℥ xjj. This decoction to be taken daily, divided into three draughts. After twelve days we have increased it to ℥ j of the bark, to the same quantity of water.

If you need a few quintals (100 lbs.), I shall be able to afford about 50 quintals of the genuine bark, sent to Guayaquil or to New York, at the price in Guayaquil of $80, and in the United States of $100. If you need any, inform me when convenient to send.

Your most obedient servant,

Argustin Ruis.

The last letter is from Dr. Jose Maria Eguiguren, brother of the Governor of the province of Loja. Dr. Eguiguren was the first physician to experiment on the article, and though he afterwards abandoned his practice to go into political life, his reports were the means of causing Prof. Casares and Surg.-Gen. Auriboje to take up the investigation. The doctor says that the Indians, from whom he first obtained the remedy, use with it another plant, which, very powerfully increases its efficacy. Of this other plant he gives no description, and the specimens which he promised have not yet arrived.

Loja, February 3, 1872.

Senor Dr. Edmund Andrews:

Dear Sir—When at the receipt of your favor of last year, I did not answer it immediately, it was because I wanted to give you an exact account of all the observations in regard to cundurango which I had made in my practice. Know that it is the terrible whip which the human species has against the syphilitic diseases; likewise against the cancerous affections, in certain cases of which all the resources of the art have proved so inefficient; also, in diseases of a rheumatic character; in various neuralgias, otalgias, cutaneous diseases, and in many of those which arise from impure blood. Although it has proved a specific in so great evils, it nevertheless gives excellent results in others—for instance, in dysentery of a putrid character. Unfortunately, a criminal fraud has given discredit to this so famous plant. There have been introduced into the market others of various families in excessive quantity, and of much inferior quality to that which has been made use of in our observations. Like the cinchonas, it has been wished that all varieties should enjoy the same reputation. There are recognized in our regions five varieties of cundurango: 1st. The red, which, although very scarce, is superior in activity to all the others; 2d. The yellow, which also is very scarce; and the three others, which only differ by their fruit, are found in great quantities. As we owe this discovery to the natives of our soil, these have also presented us with a powerful help in the efficacy of the mode of using this plant, uniting it with an extract drawn from a bark called *oriental*. I do not doubt that your attention will be called to the miraculous mode of operating of this other substance. It is not only commendable for its emeto-cathartic action, but it is a purgative worthy of all confidence, and it has an admirable effect in the various diseases of the liver, stomach and intestines. Being an excellent purifier, when used in cases of impurity of the blood of a cancerous or syphilitic nature, it will lend an assistance so powerful that *he who administers so precious a vegetable, will never see his hopes fail.* Thus, also, when used in all the cases of diverse skin diseases, as these diseases seldom have any other origin than the disturbance of the different fluids of the human body. As a purifier, it frees the blood from all its impurities, and leaves a freshness to the skin, so that the patient has nothing more to wish. I should have much more to say if I should mention all which has come under my observation in my practice; but I wish you to form your own judgment over all that has been said, and give me the pleasure of receiving your letters.

I take this opportunity to offer you my friendship, and subscribe myself your most attentive and secure servant,

Jose Maria Eguiguren.

P.S.—I forgot to tell you that by the next mail I shall send you a small package of the

bark of which I have spoken to you, and afterwards I shall send you for trial a seed of the plant whose virtues I have heard so much about. I have been told that it is a very active poison.

To sum up the result, it appears that the profession in Ecuador have confidence in cundurango, more especially in syphilis: but it is very doubtful whether the fluid extracts retailed to us are properly made from the genuine drug. In this country most of the experiments have been made in cancer, and though the result has not been perfectly satisfactory, we should not abandon the investigation until we have obtained an article known to be genuine, and tried it, not only in cancer, but also in syphilis.

I have written again to Prof. Casares, asking him to send a quantity of the article which he knows to be genuine.

No. 6 Sixteenth st., Chicago, }
April 25, 1872. }

CEBEBRO-SPINAL MENINGITIS.

MARKED SYMPTOMS TREATED WITH CANNABIS INDICA, IN LARGE DOSES. SPEEDY AND ALMOST PERFECT RECOVERY.

REPORTED BY E. FLETCHER INGALS, M.D.,

(*House Physician to Cook County Hospital.*)

M— C—; æt. 2 years. This case occurred in the practice of another physician (Dr. Chenoweth), who, after the first visit, narrated the case to me, and consulted me with regard to the treatment by cannabis indica. We decided upon large doses (for a child) of the tincture, which doses were to be rapidly increased, and the symptoms carefully watched, until a decided effect was obtained. Subsequently I saw the case; and since its recovery, the doctor has kindly furnished me with a few notes on its progress.

The case was first seen April 15th, at which time the friends stated that the child had been taken with violent vomiting the previous day. They further stated that a brother of the little girl, nine years of age, had died only a day or two previously, after a sickness of only a few hours. The only symptom which they remembered in his case, was that of vomiting. At this visit, the little girl was found suffering from anorexia, constipation, great restlessness, and marked opisthotonos. The head and heels were drawn strongly back, so that the child rested upon them only, when the child was turned upon its back. If turned upon the abdomen, the head and heels were raised, the patient resting only on the trunk. The slightest movement of the child caused her to cry bitterly. Tinct. cannabis was prescribed. The dose contained ten drops, and was ordered to be repeated, with the addition of one drop every two hours, until twenty drops were taken at a dose.

For the constipation, leptandria and jalapa were ordered. Two days later (April 17th), pulse 150; active symptoms continuing.

April 18th. Pulse 149; resp. 30; temperature somewhat increased; tongue coated brownish white; and pupils contracted. Repeated the cathartic, and obtained a free movement during the day. The patient was then taking twenty drops of the cannabis every two hours.

April 19th. Pulse 140; resp. 36; skin cool.

April 20th. Pulse 128; resp. 26; skin cool; bowels regular. The patient had slept well during the preceding night; and the head was not so much retracted. The medicine was ordered to be continued. Two days later, the patient was much improved; the pulse was 108; the respirations 26; and the patient had a fair appetite.

The following day, the pulse and respirations were somewhat accelerated, but the general appearance of the patient was improved.

The following day (April 24th), the symptoms denoted improvement. The head was less retracted; the child was reported to have slept well, and began to be interested in its toys; however, constipation still existed; and the child was very irritable. A cathartic was prescribed, and the cannabis ordered in doses of ℥ss. of the tincture every three hours.

April 26th. Resp. 30; pulse 120; digestive organs in a healthy condition; and opisthotonos scarcely perceptible. The medicine was continued in the same doses.

April 29th. Fifteen days after the incep-

tion of the disease, the child was apparently perfectly well, with the exception of a slight uncertainty in the gait.

A CASE OF CANCRUM ORIS IN COOK COUNTY HOSPITAL.

REPORTED BY E. FLETCHER INGALS, M.D.,
(House Physician).

O— G—; æt. 8. Admitted to the hospital September 14th. His previous history, kindly furnished me by Dr. L. W. Case, is in substance as follows:

The patient was first taken sick August 19th, in the same house where his mother and two sisters were suffering from typhoid fever. In the inception of the disease, the symptoms in this case nearly resembled those which had characterized the beginning of the fever in the mother and sisters, though they inclined more to those of remittent. During the first week, constipation existed; but subsequently diarrhœa was present most of the time, with four or five stools daily. These symptoms were treated with dilute nitric and hydrochloric acids, with an occasional opiate to control the action of the bowels. As much milk and beef tea as the patient could take, were ordered; but as most of the family were sick, the lad seems to have been neglected, and it is probable that directions with regard to medicine and diet were not well followed.

September 1st. Pulse 128; sudamina on chest and abdomen; no appetite; no stools; puffiness under left eye; urine normal; no pain.

September 2d. Patient appeared better.

September 3d. The swelling had increased, and the pulse ranged at 140; patient weak. Quinine was prescribed, and the administration of beef tea and milk insisted upon.

The swelling gradually increased. On the evening of the 6th, the Doctor noticed that the breath was extremely offensive; but the poor light, and the swollen condition of the cheek, prevented him from determining the seat of the difficulty. The following morning he discovered a dirty-looking spot, apparently a slough, on the inside of the left cheek, opposite the upper molars. Carbolized water was used as a disinfectant. On the following day, eight days after the first puffiness was observed, a small black spot appeared on the cheek externally; and twelve hours later, the cheek was found to be perforated. By this time, several teeth had fallen out in consequence of the action of the disease upon the alveolar processes. Portions of the slough were removed, and the carbolic acid dressing, with poultices, again applied. From this time sloughing continued; and five days later, at the urgent request of the parents, who feared that the disease was contagious, the lad was sent to hospital.

On admission, September 14th, the left cheek was entirely gone. The slough which remained adherent involved the ala of the nose, and the left half of both; it extended downwards to near the lower border of the inferior maxilla, backwards to the ear, and upwards to the orbit. The left eye was closed, and the swelling had extended to the left temple.

In this condition, articulation was of course very imperfect, though the nurse soon understood the boy's almost constant cry for water. When fluid was given, a portion was swallowed, but a large part escaped through the side of the face. The excessive fetor, together with all this, made an object inconceivably pitiable and hideous.

In response to the patient's cry for water, milk was given to allay thirst and furnish nourishment; carbolized dressings were applied; no pain was complained of.

September 15th, A.M. Swelling had increased upon the temple, and began to appear on the scalp; no pain. The carbolized dressings were continued, and wine, beef tea, and milk administered.

P. M.—Swelling of temple and scalp increased; temple emphysematous; all of the left half of scalp swollen. Patient objected to milk. Wine and beef tea were continued.

September 16th. The nurse reports that during the night the little patient seemed perfectly rational, and called often for his mother. At half past six in the morning, the patient became unconscious, and continued in this state until 7 o'clock, when he died.

CEREBRO-SPINAL PNEUMONETIS, WITH ARTICULAR RHEUMATIC PAINS.

BY J. T. EVERETT, A.M., M.D., STERLING, ILL.

I report the following epidemic, which has been prevailing in this vicinity for the past three months, as being unique and to me singular, it not being mentioned in any work or periodical to which I have access.

I report these cases for the purpose of learning if other practitioners have met with similar cases, and to learn what to call it.

It attacks children more frequently than adults, perhaps most frequently between the ages of three and eight years. Of fifty-three cases, only four were infants under two years, fifteen were between the ages of two and six, twenty-four between six and twelve, and eight were between the years of twelve and sixteen, while only two were adults.

The premonitory symptoms were lassitude, dull pain in the head, back and limbs, with slight cough, nausea and general malaise, accompanied by obstinate constipation.

These symptoms, with furred tongue, face slightly flushed, and increasing pain in the head, continue for from 12 to 24 hours, when the stage of active invasion is ushered in by agonizing occipital pains, wandering and disordered intellection. The concentration of thought is impossible. Severe pulmonic congestion now sets in, with dry, hacking cough, pain in the side, and high febrile excitement —pulse running from 120 to 190, according to age. The face red and suffused; tongue coated with white fur in the center, and with the edges red and granulated. The eyes are much injected—the pupil at times contracted, at others dilated: in a few cases strabismus was remarked.

After this has continued for a short time, there supervenes severe muscular rigidity of the back and neck, with spasmodic twitching of the limbs, etc.

The lung trouble now assumes the characteristic pneumonic symptoms. The sputa, which was at first white and frothy, now assumes the brick dust hue, while the rales become more coarse and cover over more space.

This stage lasts from 24 to 36 hours, and sometimes two or three days, when the lung difficulty slowly subsides, the pulse lessens in frequency and in tenseness, the countenance becomes pale and pinched, the pain in the head lessens, but the articular pains augment in severity, accompanied by swelling and inflammation.

Sordes now appears on the teeth and gums, a sero-sanguous discharge runs from the nose and mouth, the fur upon the tongue assumes a dark red or coppery hue, while the edges are red and soft, marked with the prints of the teeth. The intellection is still sluggish, and the occasional twitching of the muscles show marked cerebro-spinal irritation.

During all this time the bowels remain obstinately constipated, refusing to respond to ordinary laxatives. The urine is generally scanty and high colored, and heavily loaded with lithates, phosphates and epithelial casts, and in a few cases faint traces of albumen appeared upon the application of heat and nitric acid.

From this time on (in favorable cases), the patients made a slow and tedious recovery, it often taking two and even four weeks before convalescence is fully established.

Out of fifty-three cases, three proved fatal; the rest recovered without troublesome sequella.

In all three of these fatal cases, well marked cerebro-spinal meningitis set in, and in two cases the pathognomonic spots or petechiæ appeared, one case only living three hours from the active attack.

Treatment.—The remedies which have been most successful in my hands have consisted in anti-periodic doses of quinine in the first stages, with saline cathartics or blue mass, followed by a free use of diuretics and diaphoretics, pulv. Doveri, spts. Minderiri, etc., etc. In asthenic and obstinate cases I give iron and quinine from beginning to end of sickness. When there is much spinal irritation, I have used with much benefit the Calabar bean in connection with bromide of potassium, lithium and ammonium, chloral, gelseminum, etc. After the final irritability begins to subside, I use ergot, erigeron canadense and

iodide of pot., with smaller doses of bromide and Calabar bean, and the valerianates of iron, quinia, zinc, cadmium, etc. During the stage of depression, I use strychnia and nitric acid only in cases where the spinal irritation has been not well marked, but the cerebral torpor indicates a stimulant tonic.

Queries.—This disease is evidently epidemic though not contagious, is probably (?) of malarial origin; but what is the cause of the intense and separate inflammation of different parts which have no connection or sympathy? Were these fifty-three cases simply cases of modified cerebro-spinal meningitis, or were they a new modification of intermittent or miasmatic fever? If the latter, I would respectfully suggest to "Dame Nature" that the catalogue of malarial troubles is quite extensive enough already, to warrant her in foregoing any further experimentation in that direction.

SYPHILIS IN THE INFERIOR ANIMALS.

BY E. ANDREWS, M.D.,

(Professor of Principles and Practice of Surgery in Chicago Medical College).

The distinguished advocate of syphilization in Paris, Dr. Anzias Turenne, proved, as he supposed, by inoculations, that while the inferior animals could have soft chancre, they were incapable of constitutional syphilis. This conclusion, though resting solely on the narrow basis of one man's experiments, appears to be accepted by all the eminent syphilographers of Europe; and being the prevailing doctrine, I have myself often quoted it as true.

On consulting a number of leading works on Veterinary Surgery, I find no allusion to syphilis except in Gamge, who doubtfully speaks of certain primary sores, but of no secondary in inferior animals. A veterinary surgeon of this city, however, informs me that he has met three cases of what he considers well marked constitutional syphilis in breeding animals.

The first case was that of a bull in England. The first symptom was a chancre on the penis, accompanied with inflammation and swelling, and followed by secondary eruptions on the skin.

Case second was on a celebrated imported bull. The first symptom was a discharge from the prepuce, with swelling and inflammation. This was followed, first by moist ulcers in the mouth, and later by eruptions with large scabs on the skin.

Case third was that of a boar which was supposed to have a primary sore, which was followed by eruptions on the skin. The veterinary surgeon above mentioned says that gonorrhœa is very common in bulls.

These three cases are not enough to bring us to a decisive result, but they show that the subject needs a re-investigation. Domestic animals are certainly less subject to syphilis than men; but they may, after all, have it in a mild and modified form. If experiments should prove the latter hypothesis, the question would immediately arise whether this modified form could be used, like vaccinia, as a prophylactic against syphilis proper. Who will make the experiment?

LIME INHALATION IN CROUP.

BY J. P. MATHEWS, M.D., CARLINVILLE, ILL.

The inhalation of lime in croup, as suggested to me by my friend, Dr. E. E. Webster, of Carondelet, Mo., has succeeded admirably in several cases. I use it by breaking lumps of fresh lime into pieces as large as eggs, and dropping them one by one into a bucket half-full of hot water, which causes ebullition, and from which the child inhales the steam. It should sit upon its nurse's or parent's knee, with a blanket thrown over both, and inhale the steam until it perspires freely, the pulse becomes weak, and the child presents some symptoms of exhaustion. It should then be wrapped in a dry blanket, and laid on a bed in a room pregnant with the same vapor. This should be repeated every three or four hours, until breathing becomes natural. This may be done independently of any other favorite treatment a physician trying it may choose. I have succeeded with it in several cases of true as well as diphtheritic croup, in

which my experience has taught me I should have failed with any other mode. I therefore ask my professional brethren to give it a trial and report their success. I believe it will prove invaluable to many, as it has been to me, in treating this dreaded disease.

Indications for the Employment of Catheter in Old People.—M. Guyon, in a clinic at Hospital Necker, remarked that retention of urine is very common in old men, depending generally on affections of the bladder, or of the neck of the bladder, or of the prostate. Many cases of supposed vesical paralysis are, in reality, due to the prostatic disease. The symptoms of retention of urine in old people are eminently variable. Sometimes they micturate frequently, and experience pain and a burning heat, lasting for a long time. Again, where the bladder is but little contractile, the retention is only made out by percussive palpation and catheterism. When in this latter condition, they experience so little trouble that they are loth to submit to an exploratory operation. If the symptoms are well marked, then there is no room for hesitation; and M. Guyon even goes so far as to say that the catheter should be passed in every old man who evacuates the contents of his bladder imperfectly. It is not necessary that it should enter the organ on the first occasion, since if only introduced as far as the neck, it habituates the tissues to the contact of the instrument. Stoppage of the flow of water is always a serious symptom in old people, and the best advice to give them is to be sounded, either with simple sound or a catheter, and that frequently. When the bladder is greatly distended, it is imprudent to evacuate it completely. Commonly, the catheter should be passed only when there is an intense desire to urinate.—*Phil. Med. and Surg. Reporter.*

Herniopuncture.—In a paper read before the Louisville Medico-Chirurgical Society, Dr. Morton describes a new and easy mode for treating strangulated hernia. He evacuates the contents of the hernial tumor with a canula needle. Those used with hypodermic syringes will do very well, but one having a slight and uniform taper from heel to point is better. The tumor ought to be firmly grasped and steadied with one hand, and the instrument plunged suddenly and boldly in with the other, at least to the extent of half the diameter of the hernia, in the direction the needle is thrust, which should be toward the stricture backward and upward. This latter point is important, as it often happens that a very large quantity of bloody serum is effused into the space between the limits of the sac and the contained loop of intestine, making it necessary to plunge the needle deeply in order to reach the latter at all. The instrument must be allowed to remain until the gas ceases to flow out, when the operator should gently press the tumor, and at the same time slowly withdraw the instrument. By keeping up the pressure, if no adhesions exist, the loop of intestine will return to the cavity.—*Richmond and Louisville Med. Jour.*

A New Plan for Dressing Wounds.—The latest novelty in the mode of dressing wounds following amputation or other causes, is reported to *The Lancet* by its Paris correspondent. It originated with M. Alphonse Guerin, and consists in introducing cotton-wool into the stump or wound immediately. The amputated limb is then wrapped round with dry cotton-wool, a bandage being then applied, and tightened a little on subsequent days, if necessary, to maintain mild compression. The dressing, however, remains undisturbed until the twentieth or the twenty-fifth day, when on removing the packet of wadding, a cupful of pus is found in the folds of the cotton, and the wound is discovered to be quite healed. Notwithstanding the high mortality which existed during the German siege, M. Guerin obtained six successful results out of nine amputations of the thigh, treated with this method, and all of his cases of amputation of the leg did well.—*Medical Record.*

Treatment of Hydrocele.—Mr. Monod treats hydrocele by first drawing off a drachm or more of the liquid, and then injects alcohol either pure or dilute. The operation is repeated if necessary. He has cured in this way three cases of hydrocele, and a serous cyst of the thyroid. He suggests the same method for other serous accumulations.—*Ibid.*

Strangulated Hernia of 112 Hours' Duration.—Dr. Geo. Hill operated for the relief of a strangulated femoral hernia of the above duration. The patient was 78 years old, yet at the end of three weeks he was about his room, and finally recovered completely.—*Phil. Med. and Surg. Reporter.*

Carbolic Acid in Gunpowder Burns.—Dr. Walcott has used carbolic acid in gunpowder burns, and finds that in addition to its antiseptic and anæsthetic properties, it has the power of suspending the carbon in solution and withdrawing it from the skin, so that there is no discoloration remaining.—*Edinburgh Med. Jour.*

THE
MEDICAL EXAMINER.
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EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, May 1st, 1872.

EDITORIAL.

American Medical Association. — This truly national organization held its annual meeting in Philadelphia, commencing on Tuesday, May 7th, 1872; and closing at noon of the Friday following. It was perhaps the largest, and certainly one of the most cordial and harmonious meetings that have been held since the first preliminary meeting in 1846. We were assured that over 700 delegates and members were present, representing very generally all parts of the Union, from the Atlantic to the Pacific, and from the great Lakes to the Gulf of Mexico. The grand Hall of the Horticultural building on Broad street, was well filled with members and the galleries with spectators. Good section rooms had been provided in the same building, and every arrangement made for the comfort and convenience of members. The Hall, however, like all Music Halls, proved a very bad one to hear or transact business in, and on the morning of the second day the general meeting of the Association was moved into a Church near at hand, which proved so much more comfortable that it continued to be occupied until the close of the session. During the first morning session a large number of reports and papers were announced and referred to the appropriate sections, and the president Dr. D. W. Yandell, of Kentucky, delivered his annual address. The address though lengthy, was listened to with fixed attention and unabated interest to its close. The historical reminiscences forming the introductory part were not only appropriate, but elegant and touching. The main theme of the speaker, was the same, however, as that which had occupied the attention of most of his predecessors, namely, medical education. He justly criticised the extravagant expressions of several of our most eminent men, such as Chapman, Gross, Baldwin and others in reference to the corrupt and degraded condition of medical education in this country, showing that instead of deteriorating either in education or social position, our profession was constantly advancing in full accord with the advancement of science generally; and that it had never held a higher or more influential position in the world than at the present time. Had the speaker left the subject at this point of its discussion, we should have heard nothing causing a feeling of regret. But in the course of his argument there were so many expressions and illustrations that seemed to apologize for, if not positively commend, downright ignorance on the part of medical men, as to materially lessen the pleasure with which we listened to the whole. In all our discussions on this important subject during the last quarter of a century, the disputants have constantly exhibited a tendency to array themselves at opposite extremes. One class constantly represent the profession as steadily deteriorating both in education and social position, and point to the longer periods of professional study, closer adherence to a knowledge of the classics, etc., in Europe, as the proper remedies to arrest the supposed downward tendency. The other class not only deny that any deterioration has taken place, and claim that the education of the profession in this country, in the departments of strict practical importance, is equal to that of any of the countries of Europe; but also that it is advancing as fast as the demands of the people require, and even ridicule the idea of copying after the more extended curricula of the European schools. They ask with an air of triumph, what has logic or philosophy to do with skill in amputating a limb? And what do the people care for Greek or Latin or even for English orthography when they desire to be cured of a pneumonia or a fever? It has appeared to us, that both these classes are occupying untenable grounds, and both do much to retard genuine and much needed improvements. For instance we can find, in the history of the

past, no evidence that the profession in this country ever occupied a higher position either educationally or socially than it does now. We can find much, however, that indicates important advancement in both. But this does not prove that our system of medical education is all right; or that gross and shameful ignorance of even common branches of an ordinary district school education does not exist with many members of the profession who hold diplomas granted by the medical colleges. It is true, that a man of good natural endowments may acquire skill as an operative surgeon, or become successful as a routine practitioner in the treatment of diseases, while extremely ignorant of either orthography, physical science or classics. And if cutting off limbs or looking at the tongue and writing prescriptions, constituted the whole duty of a physician, we might possibly frame a plausible excuse for tolerating gross ignorance of all general sciences on the part of medical men. It must be remembered, however, that it is as much the duty of the physician to investigate the causes of disease; the means for preventing or obviating the effects of those causes; and thereby contribute to the promotion of the public health, as it is to prescribe for the sick. It is certainly as much his *duty* to record the results of his observations and experience, and contribute them to the general stock of knowledge, as it is his privilege to avail himself of the observation and experience of others for his own benefit and that of his circle of patients. But how is he to discharge these important duties, while ignorant alike of general science and of his own mother tongue.

If those who take upon themselves the task of discussing the subject of medical education would omit their dismal croakings about the positive deterioration of the profession, on the one hand; and the seeming apologies for stupid ignorance on the other; and unite in an honest and intelligent effort, not to introduce the complicated and cumbersome educational system of Europe, unsuited as it certainly is, both to the genius of our people and the real wants of our profession, but to improve our standard of preliminary education, properly grade or systemize the college courses of instruction, and restrict the colleges to a rivalry as to which should afford the most complete facilities for medical instruction in every department instead of a struggle to see which can confer the greatest number of Diplomas by making the terms on which they are granted as easy as possible, we should make far greater progress in the work of genuine improvement. As we shall give a full abstract of the proceedings in the next number of the EXAMINER, we will only add here that the president discharged his duties with efficiency, business was transacted with order and decorum, and the session closed with more cordiality of feeling among the members from all parts of the Union than for many years before. Dr. Thomas M. Logan, of Sacramento, California, was chosen president for the ensuing year, and St. Louis was selected for the next annual meeting.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.—A full record of the proceedings of the recent annual meeting of this organization is given in another part of this number of the EXAMINER. The address of the president, Dr. B. F. Dawson, was interesting as affording a glance at the first dawnings of medical knowledge. We shall give a part, or if not found too lengthy, the whole in a future number of the EXAMINER.

CORRECTION.—We learn that a mistake was made in the mailing of the last number of the EXAMINER, by which a few copies of the number for March 15th, was sent instead of April 15th. If any of our subscribers do not receive the proper number, and they inform us the error shall be corrected.

PHAGEDENA OF THE PENIS TREATED BY OPIUM.—Mr. Pollock, of St. George's Hospital, treated successfully a patient suffering with the above disease, with tincture of opium. He gave fifteen drops every four hours for two days, and then increased it to twenty drops, with a half drachm of the compound spirit of ammonia. A weak solution of carbolic acid was applied locally on lint. A speedy improvement was observed, and cicatrization was almost complete in a fortnight.—*London Pract.*

Society Reports.

ASSOCIATION OF AMERICAN MEDICAL EDITORS—ANNUAL MEETING, MAY 6, 1872.

The members of the Association assembled in the committee room of Horticultural Hall, Broad street, Philadelphia, and were called to order at 11 o'clock a. m.

The President, Dr. B. F. Dawson of New York in the chair.

The following members were present: Dr. B. F. Dawson, of "*The American Journal of Obstetrics and Diseases of Women;*" Dr. S. W. Butler, of *The Medical and Surgical Reporter;* Dr. Stone, of *The Northwestern Medical and Surgical Journal;* Drs. D. W. Yandell and Theophilus Parvin, of *The American Practitioner*, and Dr. N. S. Davis, of THE CHICAGO MEDICAL EXAMINER.

The acting Secretary, Dr. N. S. Davis of Chicago, read the Articles of Association and the Records of Proceedings of the last Annual Meeting.

On motion of Dr. A. G. Stone of St. Paul, the Secretary was requested to obtain from the former President, Dr. H. R. Storer of Boston, the names of such editors as joined the Association during his term of office and authorized those names to be appended to the constitution, that they may be properly enrolled on the list.

Dr. T. Parvin, of Indianapolis, Chairman of Committee on Foreign Exchanges, reported recommending the acceptance of the offer made by Prof. Henry, as stated in the minutes of the last annual meeting, and asking that the committee be discharged. After some remarks by Dr. Dawson, also a member of the committee, the report was accepted and the request of the committee for a discharge, granted.

Dr. Dawson, suggested the propriety of offering an Annual Prize on some subject to be determined by the Association as a means of advancing the cause of science and the efficiency of the Association. He offered to contribute $100 for that purpose. Drs. N. S. Davis, D. W. Yandell, T. Parvin, and A. G. Stone, each offered to contribute a like sum. Whereupon the following resolution was unanimously adopted:

Resolved, That an annual prize of $100 be offered by this Association for the best essay, on some subject to be decided upon at each annual meeting, and the same to be open for competition to all medical editors belonging to this Association.

In accordance with this resolution, Drs. Dawson, Davis and Stone were appointed a committee to recommend a subject for the prize essays of the coming year, and to nominate a committee to examine the same.

The Secretary called attention to an error in the record of proceedings of the first meeting of the Association, by which the name of Dr. Dawson was omitted, who was present and participated in the doings of that meeting. On motion the Secretary was authorized to correct the minutes by recording the name of Dr. B. F. Dawson as a member of the meeting organizing the Association in New Orleans, La.

On motion the Association adjourned until 8 o'clock p. m.

EVENING SESSION.

Association was called to order at 8½ p. m., the President, Dr. Dawson, in the chair.

Dr. A. B. Palmer, of the *University Medical Journal* of Michigan, took his seat. The President then delivered an interesting address on the Origin of Medical Science, referring chiefly to the period anterior to the time of Hippocrates.

The committee appointed on a proper subject for prize essays recommended the following for the prize to be awarded in May 1873:

"The Pathology and Treatment of Diseases of the Ovaries."

And for the prize to be awarded in May 1874, the following:

"At what stages of Pulmonary Tuberculosis is a change of climate desirable; what are the principles which should govern us in choosing the kind of change to be made; and the best localities in North America to send patients of this class?"

The report of the committee was accepted and the recommendation adopted.

On motion, Drs. A. B. Palmer of Ann Arbor, Michigan, B. F. Dawson of New York, and Brinton of Philadelphia, were appointed a committee to award the prize of 1873, to be governed in their action by the same rules that govern the committee on prize essays of the American Medical Association; all essays designed for the prize, to be sent to the chairman of the committee on or before the first of March 1873.

On motion the Secretary was instructed to have published in the various medical journals, the subjects for prize essays, and the regulations just adopted concerning them.

The following gentlemen were then elected officers for the ensuing year:

President, Dr. Theophilus Parvin of Indianapolis; Vice-President, Dr A. G. Stone of St. Paul; Secretary, Dr. F. H. Davis of Chicago.

On motion of Dr. Davis, the thanks of the Association were tendered to the retiring president, for the faithful discharge of his duties, and a copy of his address requested for publication.

On motion the Secretary was instructed to call the next annual meeting at 8 o'clock in the evening of Monday preceding the first Tuesday in May 1873.

There being no further business the Association adjourned.

F. H. Davis, *Secretary.*

Per N. S. D.

Reproduction of the Tibia.—Dr. Cheever reports the removal of the entire shaft and lower epiphysis of the tibia, with its subsequent reproduction, a useful limb resulting. Dr. Cheever appends to his article extracts from five other similar cases.—*Richmond and Louisville Med. Jour.*

Carbolic Acid as a Local Anæsthetic.—If a portion of skin is covered with a cloth soaked in a saturated solution of carbolic acid for half an hour, and then a streak traced across the surface with a camel's hair pencil diffused in acid liquefied by one-twentieth its bulk of water, the skin may be divided along the course of the streak with a sharp scalpel, quite down to the subcutaneous tissue, without pain. Abscesses, whitloes and buboes may be opened in this way with great advantage.—*Atlanta Med. and Surg. Jour.*

Gleanings from Our Exchanges.

Tincture of Iodine in Vomiting.—Schneider, of Offenbach, in a patient who was taken with salivation and vomiting after intermittent fever, which vomiting continued for several weeks incessantly, in spite of various remedies, administered the tincture of iodine in doses of ten drops on sugar thrice daily, and obtained after the first dose the cure of these symptoms. In the same way, too, he treated with great success a soldier laboring under intermittent fever, which had resisted all the antipyretics from quinine to arsenic. The intraparenchymatous injection of iodine in the treatment of hypertrophied tonsils has been used with great success by Dr. Rumbold. The liquid injection is composed of ten centigrammes of iodine, 2·40 grammes of iodide of potassium, and thirty grammes of water. After each injection, slight inflammation succeeds, which soon disappears. Twelve to seventeen injections are required to restore the tonsils to their normal size, two injections weekly. This practice has the advantage of retaining intact the substance of the tonsils.—*Doctor.*

Treatment of Venereal Ulcers by Dr. Hemard.—In the *Med.-Chirurg. Centralbl.*, 1871, Dr. Hemard asserts that for the last twenty years he has obtained the cure of soft and hard sores by simply irrigating the parts with cold water. A vessel of cold water is fixed to the walls of the room, at such a height that the water which comes from it through a tube, attains a certain force of projection. The patient has no more to do but to wash his ulcers every three or four hours under this stream; in a few days the ulcer becomes clean, and quickly heals. All other treatment is superfluous. In ulcers of the prepuce, which are out of sight, after irrigation, a little starch flour is introduced. When the superficies of the ulcer has lost its characteristic aspect, a stratum of collodium is painted on it, and it soon heals.—*Ibid.*

Croup.—M. M. Mouttet and Rosiere, of Montpellier, report that they have cured croup, when tracheotomy was refused by the parents as a useless cruelty, by repeated insufflations of powdered nitrate of silver. The application was at once followed by the detachment and expulsion of false membrane, and was repeated a quarter of an hour after with a similar result. Three or four hours later another insufflation was followed by so much relief that hope was entertained, and the child from this time made a steady recovery.—*Ibid.*

A Case of Quadruplets.—Mr. Lowndes, *British Medical Journal*, reports a case of quadruplets. The first child was a female and living, the remaining three were either putrid or in a state of incipient decomposition.

Varioloid after Vaccination.—Dr. Richard A. Clemann reports (*Phila. Med. Times*) a case of mild varioloid occurring in an Irish boy 17 years of age, within three months after successful vaccination. The boy was living in a small room in which a man was sick with a severe case of confluent small-pox, and passed much of his time with him.

Nitrate of Silver in Bed-Sores.—Betz regards nitrate of silver as the best remedy for bed-sores. Instead of making use, however, of lint dipped in the solution of lunar caustic, he prescribes an ointment composed of five decigrammes of the nitrate of silver, fifteen grammes of lard, and thirty of wax; which he spreads on linen, and applies to the sores, taking care that the piece is rather larger than the sore. This is repeated morning and evening—*Ibid.*

Hemoptysis in Phthisis.—In one of the papers on "Phthisis Pulmonalis," which recently appeared in the columns of the *Medical Press and Circular*, Dr. R Locke Johnson speaks of the *increased tendency* of patients to hæmoptysis, during the spring time and the early summer time. Having for some years past made observations on this point, he has occasionally been enabled to retard altogether or to lessen this lesion, by attending closely to the secretions, the skin, and the pulse of his patients.—*Ibid.*

Pitting from Small-Pox.—A writer in the *Brit. Med. Jour.* states that he considers *pressure* the main point to be relied on—by lessening the vascularity of the part and preventing the maturation of the pustules—in cases where pitting from small-pox is feared. Strapping in parts where it may be possible to do so answers this purpose fully, and the next best thing to strapping is to employ xylonite, a collodion which, although somewhat elastic, quickly forms—when employed over the cuticle—a dense and tight skin, more dense, tight, and tenacious than the collodion of the *Pharmacopœia*. It acts like strapping, and produces abortion of the pustules. To parts of the face where strapping cannot be employed with advantage, xylonite will be found to be the next best mode of treatment. The late Dr. Graves remarked that in a patient whose knee had been strapped for a surgical operation being attacked by small-pox, the portion over which the strapping extended was free from even the rash.—*Ibid.*

Turpentine is said to give relief in phosphorous poisoning.

Alcoholic Paraplegia.—Dr. Wilks, of Guy's, in a paper in the *Lancet*, endorses the conclusions lately published by Dr. Handfield Jones, in reference to the production of epilepsy and other nervous diseases by the abuse of alcohol. Dr. Wilks has met with cases where the alcohol, acting chiefly on the spinal cord, made paralysis the leading symptom, and he combats in his own trenchant style the notion that it is not safe to suddenly leave off the accustomed stimulus. "No harm," he says, "but only good will ensue from its withdrawal." He considers that the same rule should apply to all persons.—*Ibid.*

Early Diagnosis of Typhoid.—Dr. P. W. Latham, in the *Lancet*, insists on the value of the thermometer in diagnosing between those slight feverish attacks which are so common. If a person previously quite well begins to feel uneasy, and in the evening we find his temperature about 100.4°, or 101° F., falling the next morning and rising again in the evening and approximately following the above course the disease may be diagnosed as typhoid with tolerable certainty.

On the other hand, the disease is not typhoid fever if (1) on the second, third, or fourth evenings the temperature approximates even to normal (98.6° F.); (2), if during the first two days the temperature rises to 104° F.; (3), if between the fourth and sixth days the evening temperature of a person under middle age does not reach 103°; (4), if the temperature on two of the first three evenings is the same; or (5), if it is the same on the second or third mornings.

The Use of Glycerine as a Solvent in Hypodermic Injections.—Dr. M. Rosenthal calls attention, in the *Wiener Medizinische Presse* for January 7, 1872, to the power which glycerine possesses to dissolve various of the substances which are ordinarily used in hypodermic medication. Its solvent powers are greater than those of water, and are very much increased by heat. Thus, a fluid drachm of glycerine, when heated, will readily dissolve twenty grains of the sulphate of quinia, from ten to twelve grains of the acetate or muriate of morphia, and ten grains of the extract of opium. Morphia may be added to a solution of quinia in glycerine without causing a precipitate. It will also dissolve from half a drachm to one drachm of the iodide or bromide of potassium, and four grains of corrosive sublimate. These substances are not precipitated as the liquid cools; on the contrary, the solution will remain clear and fit for use during at least a year.—*Ibid.*

Cod-Liver Oil in Whooping-Cough.—J. Prestwich, L. C. P. etc., has tried cod-liver oil in whooping-cough with decided benefit. —*Ibid.*

Subcutaneus Injection of Morphia in Cholera.—Dr. A. Werry states that he has tried the subcutaneous injection of morphia in cholera with the happiest results.—*Ibid.*

A Visible Striation of the Normal Crystaline Lense.—Mr. John Tweedy describes certain "dark radiating lines" which he observed in the crystaline lense, by oblique illumination. He has seen them in every case which he has examined since he first observed them. To see them, he uses a bi-convex lense, of about 2¼ in focus, and throws the light of an Argand gas burner obliquely on the eye of the patient, concentrating the light on the lense. He then looks very obliquely, "at an angle of about 130° or 140°," on the plane of the anterior surface of the lense. It is quite difficult to get a view of the lines at first, but when they are seen they are quite distinct.—*Ibid.*

The Application of the Diaphason to Auscultation.—W. H. Griffiths, Ph. D., L. R. c. P. & S. Ed., suggests the use of the ordinary tuning fork in place of percussion, claiming that the results are far superior. He attaches the tuning fork to an end something like a stethoscope; from the "stem" which connects the prongs of the fork to the dome-like end, a handle passes out horizontally. When used, the handle is held in the hand, the dome-like end is applied to the part of the body which is to be investigated, and the instrument sounded as in its ordinary use. He claims that results far superior to percussion can be obtained by this instrument, and recommends it to other physicians for trial.—*Ibid.*

Treatment of Pulmonary Emphysema by Artificial Expiration.—Dr. J. B. Berkart, recognizing that the difficulty in pulmonary emphysema arises from an inability to expel the air from the lungs, describes a method of treating the disease by withdrawing air from the lungs by artificial means, which he claims to have found very successful in his hands. The apparatus which he uses consists of a mask made to fit closely over the mouth and nostrils, so as to exclude the air. On the front of this mask is a chamber from which a tube leads to an air pump; there are valves also in the chamber, one which can be closed by the finger to admit air during inspiration, and another to allow the air to pass out during expiration. The instrument is used in the following manner: The mask is fitted firmly to the face; on inspiration the air enters of itself, at the end of expiration the inspiratory valve is closed by the finger and the air-pumps worked a moment; thus withdrawing the air from the lungs more completely. The finger is then withdrawn and the lungs allowed to fill again. This process is continued for ten or fifteen minutes, twice a day. The patients experience almost instant relief.

Bronchorrhœa and great dyspnœa are no contra indications; only in the latter condition the operation may have to be interrupted.—*Lancet.*

No. 1. Bowel Lesion of Typhoid Fever.—Dr. T. J. Maclagan contributes an article on this subject, of which we present an abstract. In regard to the physiology of the agminated and solitary glands, he argues that they are true absorbent glands which are somehow engaged in the elaboration of the fluid which is carried away by the lacteals. He founds his belief on the following facts: first, the appearance of the glands. They look like lymphatic glands under the microscope, and they have been injected by Bruck through the lacteals. Their position also supports this view, if their object was to supply anything to assist in the digestion of the food they would be higher up in the intestine. The sphincter illi probably has for its function the narrowing or temporary occlusion of the ilium, and consequent detention of the chyle in contact with these glands.

The period of life at which they are most active is adolescence and early manhood. They diminish from middle life to old age; hence, the doctor argues, that they supply something which the reproductive organs appropriate to themselves.

He opposes the opinion that the bowel lesion is due to the effort of the glands to eliminate the fever poison from the system; stating that the whole facts in favor of this view are, (1), that inflammation of these glands is an invariable accompaniment of typhoid fever, and (2), that the discharges from the bowels largely contain the poison of that disease.

To this he opposes the following reasons: 1. "The glands are possessed of absorbent functions only, and are in no sense eliminatory.

2. "Even if they did possess eliminatory functions it is very improbable that the work of elimination would be thrown to so large an extent on the glands at the lower extremity of the ilium, while those high up escaped altogether.

3. "Were they eliminatory, they would not probably be destroyed (as they are in typhoid

fever) while performing a duty so necessary to the well being of the body.

4. "Were the elimination of the poison by these glands nature's way of relieving the system, the deposition by them of the morbid material ought to be followed by an amelioration, of the general symptoms of the disease. We know that the contrary holds good, and that the bowel lesion increases rather than diminishes the general febrile disturbance.

5. The opinion that the poison is thus eliminated is at variance with the fact that mild cases of typhoid fever do occur in which the glandular lesion terminates in resolution, and in which the so-called morbid deposit is absorbed into the system."

It will be seen that, while holding very different views from Beale in regard to the physiology of the glands, the doctor arrives at almost the same conclusions with him as to the part they play in elimination.

He goes on to state that the sloughs and discharges from these glands carry the contagion of the disease, and that they may carry the disease from glands which are affected "*to the unaffected glands* with which they *come in contact in their progress down the intestines*," in fact that there are two forms of bowel lesion, a *primary* and a *secondary*.

His reasons for this belief are:

2. That it is consistent with analogy that the discharges from a specifically inflamed part applied to a like organ in a state of health should reproduce the specific inflammation in this organ.

The individual lesions are of two kinds; in one, the *plaques dures*, the process commences in the interior of the gland and the mass sloughs out bodily; in the other, the *plaques molles*, the process of destruction commences by a superficial ulceration which eats its way through the mucous and sub-mucous coats and may even penetrate the peritoneal. The only satisfactory explanation of this difference is that the *plaques molles* is a secondary inflammation.

3. The glands of the lower part of the ilium suffer more than those higher up.

4. The extent of the intestinal lesion as revealed by examination after death bears no relation to the severity of the abdominal symptoms during life. When there is a severe diarrhœa, the discharges are carried off and do a minimum amount of harm; when the bowels are confined, the discharges remain in contact with the glands longer and cause more injury. Hence perforation is more liable to occur in mild cases.

Such are the main points of the paper. We have space only to glance at his treatment, which consists in giving rest as far as possible to the affected glands by supplying nourishment that will be absorbed by the upper part of the intestinal canal; milk is best, it should not be given *ad libitum* but in definite quantities and at stated times.

The bowels are to be kept in a natural condition; looseness should not be checked unless the stools are so frequent or copious as to affect injuriously the patient's strength; as a general rule, if the stools do not exceed three a day they should not be checked. Constipation should be obviated by mild laxatives, he prefers phosphate of soda.—*Ibid.*

The Bruit du Diable.—M. Duchek (*Lancet*, February 8, 1872) thus explains this murmur: The jugular vein behind the insertion of the sterno-cleido-mastoideus is wider than elsewhere, forming the bulbus. Beneath this bulbus are valves in the narrowest part of the vein. These valves have a most important influence upon the whole circulation of the blood. The pressure in the thorax being too high, they approach one another, and in this way oppose the further entrance of blood into the thorax. The part above them must be consequently dilated, as we remark it in cases of stagnation in the heart. The jugular vein being distended, and jugulum growing gradually more shallow, the impulse of the blood makes these valvulæ vibrate, and causes the murmur. When the blood flows slowly the impulse is too weak, and no murmur is to be heard. The murmur arises when the valvulæ are half opened and put into vibration by a sufficient rush of blood. If the pressure in the thorax increases, by valvular failures, emphysema of the lungs, etc., the stream flows slowly; and therefore we do not find these murmurs attending disorders of the intra-thoracic organs; and hence the general view that this bruit excludes insufficiency of the valvula mitralis. Another consequence of this fact is that these murmurs are not to be heard in persons affected by anæmia when they become the subjects of pneumonia or exudative pleurisy, and that they reappear at recovery. The two necessary requisites, then, are a speedy circulation of blood and a normal pressure of blood in the thorax. This view affords us an explanation of the murmur growing stronger when the respiration is more hurried.—*Phila. Med. Times.*

Carbolic Acid, Professor Gross says in a clinical lecture, was a fanciful preparation that had its day.

Dr. Caspari, of Horn, has for the last 25 years successfully prescribed the tincture of iodine in cases of obstinate vomiting.

Book Reviews.

Venesection, its Abuse Formerly—its Neglect at the Present Day. A paper read to the Massachusetts Medical Society, June 6th, 1871. By Henry I. Bowditch, M. D., of Boston, Mass.

This is a pamphlet of 33 pages, in which the author presents briefly the true, or rather correct, view in regard to the value of Venesection as a therapeutic agent in the treatment of disease, and illustrates the subject by the detail of four interesting cases. The following are the conclusions of the writer in regard to the principal classes of cases in which bleeding is likely to prove beneficial.

First—In all acute or chronic cases where from any cause the heart apparently becomes distended with blood and consequently the circulation is greatly impeded, whereby orthopnœa, lividity of the skin, with a very feeble, small, and generally rapid pulse, mixed perhaps with other serious and distressing symptoms, are produced.

Second—It seems not uncalled for when there is a very acute pain in any part of the thorax, for example, from inflammation of the pleura, causing orthopnœa and distress, even if there be no obstruction of the heart's action. The question has often arisen in my mind whether the many cases of large pleuritic effusions which we see now-a-days, may not be due, at least in part, to our neglect of venesection during the earlier and more acute period of the disease—when pain in the side is quite severe, and all the symptoms are very marked and the pulse and temperature are increased.

Third—In violent acute cephalic symptoms, threatening serious results, when the head is hot, the face flushed, and the pulse is full and hard.

Fourth—In certain cases of threatened miscarriage, occurring at certain times during pregnancy. I know of nothing better than venesection to check the tendency. Even after hemorrhage from the womb had actually commenced, and even when it was attended with expulsive action of the uterus, I had, many years ago, a case wholly relieved by venesection to the amount of a few ounces only.

Lectures on Aural Catarrh; or the Commonest forms of Deafness, and their Cure. Mostly delivered at St. Mary's Hospital, Edinburgh. By Peter Allen, M.D., Fellow of Royal College of Surgeons, Ed.; Aural Surgeon to, and Lecturer at St. Mary's Hospital, etc., etc. New York: William Wood & Co., 27 Great Jones street. 1872.

This is a small sized octavo volume of 228 pages, published in excellent style, including paper, type, and illustrations. The diseases treated of are of very frequent occurrence, highly important so far as regards the comfort of the patients, and yet as little understood by the general practitioner as any class of ailments that could be named. We think this work will be found convenient and valuable by all classes of practitioners. Received from the publishers through the bookstore of Wm. B. Keen, Cooke & Co., Chicago.

The Treatment of Venereal Diseases: A Monograph on the Method pursued in the Vienna Hospital, under the direction of Prof. Von Sigmund, including all the formulæ. By M. H. Henry, M.D., Surgeon to the New York Dispensatory, Department of Venereal and Skin Diseases; Fellow of the New York Academy of Medicine, etc., etc., etc. Adapted and arranged from the German. New York: William Wood & Co., 27 Great Jones street. 1872. Received through the bookstore of Wm. B. Keen, Cooke & Co., Chicago.

This is a monograph, published in good style, and well bound, containing 49 pages; the first fifteen of which are occupied with general directions and explanations, and the remaining part of the work with particular formulas or prescriptions, of which there are a great variety, intended to meet almost every form and variety of syphilitic disease.

Spasmodic Muscular Contraction—Arterial Compression.—M. Broca had under his care, a few months ago, in the Hospital de la Petie, a man who had broken both bones of his legs an hour before his admission to the hospital. The muscular contraction was so violent that it was impossible to reduce the fracture. M. Broca thereon employed a method which he had found successful in cases of painful cramp of the lower limbs, viz., compression of the femoral artery. Almost immediately the muscles became relaxed, and reduction was effected with ease. Subsequently, in re-applying the splints, the contraction returned, and was overcome by the same means.—*Medical Record.*

Original Communications.

THE ORIGIN OF MEDICAL SCIENCE.

The following interesting address on "The Origin of Medical Science," was delivered by Dr. B. F. Dawson, of the *American Journal of Obstetrics*, before the Association of American Medical Editors:

Members of this Association: we meet this evening to fraternize in the most emphatic acceptation of the word — to celebrate the third anniversary of our association; to renew old friendships, and to behold once more, however changed, the faces of those we delight to see, and in whose eyes beams the light of a hearty recognition and welcome.

In accordance with the example set by my distinguished predecessor, as President of this Association, it devolves upon me to entertain you, if possible, by an annual address.

Much as I feel, and fully as I appreciate the honors of the office to which I was elected last year, yet I also feel that the position I at this present moment occupy is not among those professional distinctions either covetously sought after, or earnestly desired.

On the contrary, among the members of our profession, at least, I am quite sure such a task is more frequently shunned than desired. For myself, at least, I plead no exemption from this possible frailty.

Leaving topics of direct interest to this Association for our business meetings, I propose to engage your attention for a short time on a subject of interest to you as scholars and disciples of Æsculapius, to wit, "The Origin of Medical Science."

The obscurity which surrounds the early infancy of the art of medicine, envelopes also the origin of all branches of human knowledge. All we do know is that from the earliest periods of history it was practiced; and from this fact we may believe that at the dawn of the arts it had obtained a place among them.

Reasoning from the general course of nature, it is evident that ancient man was subject to various influences affecting his physical health, and that therefore he must very soon have been obliged to seek for means of alleviating the pains, and curing the disorders with which he was afflicted. From this reasoning, therefore, we may safely affirm that the treatment of disease bears almost as ancient a date as the origin of man himself.

Among many rude and savage races of the present day, as those of Africa, Australia, North America, and Greenland, traces are found of the practice of medicine and surgery. We are told that those savages know how to distinguish different diseases, and to apply a more or less appropriate remedy. These uncivilized tribes, therefore, may be taken by us as the picture of mankind in their original primitive condition.

Allowing that ancient man had diseases which he naturally sought to cure or alleviate, yet we must presume that the means and methods were crude, and more frequently the result of fortunate accidents than of rational investigation and study. Receiving successively by tradition a knowledge of such discoveries, it is probable that each tribe made new additions to such knowledge, and in this manner their acquisitions would gradually increase. The art of healing may, therefore, be considered to have thus had its origin.

Later on in the history of man, when tribes became divided into communities, and communities into distinct families, it is probable that medicine took a more established form. Each family had its own traditions and particular mode of alleviating disease; and thus successively they profited by the experience that had been collected by their predecessors. Still later, as the different arts developed their infant life, men of power and influence, who were desirous of adding dignity to wealth, and to become useful to their fellowmen, naturally cultivated each with ardor, and were far from neglecting that of medicine, which afforded them the means of frequently rendering very necessary assistance.

Among the distinguished Grecians especially, the art of healing was largely studied, and the names of Chiron, Aristacus, Theseus, Telamon, Patrocles, Ulysses, and some others, we find were no less honored in Greece for their medical knowledge than for those

exploits which, whether fictitious or real, have conferred a durable celebrity to their names.

Among the writings of the ancient poets, we also find conclusive proofs that they likewise applied themselves to the study of medicine, for we find them sometimes embodying in their works whatever they considered from experience to be valuable medical precepts. In such early periods, when the art of writing was but little diffused, or perhaps almost unknown, the measures and melodious rhythm of poetry were extremely valuable for impressing the mass with certain truths. Orpheus and others have sung of "*the beneficent art which prolongs life, allays pain, and by restoring health gives happiness and pleasure.*"

In the writings of Homer we find him frequently speaking of the wounds of his heroes and giving advice as to the dressing of wounds and the action of several remedial agents. He tells us that wine was applied to the wounds of the soldiers composing the army of the Greeks before Troy, and that the knife of the surgeon was frequently resorted to. From these facts, therefore, we are entitled to infer that these practices are of a date prior to the age in which he lived.

Next to the poets, we find the ancient priests combining the art of healing with their other instruments of power. Indeed, the medical and sacerdotal professions have in reality many points of resemblance. Both bring into action the same principles — hope and fear; and although the objects of these two passions are not the same in the hands of the priest as in those of the physician, their effects had, at that time, nearly the same degree of influence in promoting the doctrines of both. Certain it is that medicine, like superstition, exerts upon the minds of men an influence proportional to their weakness. In short, no art penetrates further into the human heart; no profession enables its votaries more easily to obtain possession of the most important family secrets, and no species of doctrine has a stronger voice of appeal to the public credulity. It was not, therefore, surprising to find the early priesthood practicing the healing art. From this time forward, we find medicine and religion traveling hand in hand. The ancient gods were worshiped for the cures effected in their name by the priests, and which were proclaimed by them to depend upon their intercourse with the Deity.

The Jewish priests appear to have been the only physicians of their nation. It was to them, we learn, that the people addressed themselves for the cure of leprosy; and it was left them to decide upon the fate of the families and individuals who were attacked with disease. In the porch of the Temple of Jerusalem, we are told that a complete formulary of remedies was exhibited.

It was among the ancient Egyptians, however, that the priests carried this power to the greatest perfection. They alone became the teachers, as well as the practitioners of medicine — in fact, they constituted an exclusive learned sect. The art of medicine was taught in their temples with those mysteries of initiation which are calculated to create believers. They subjected the art to absurd regulations, as, for instance, fixing a law to determine the time for the application of remedies in *all diseases, without any discrimination;* dividing the art into as many different branches as there were diseases, or organs in the body, and finally, compelling the son to follow the profession of his father.

In ancient Greece, also, medicine was cultivated in the temples; and many of their deities were supposed to possess the power of healing the sick. Apollo, Diana, Minerva, and Juno, besides their prophetic powers, through their priests, had assigned to them the exercise of particular branches of the art.

About this time Æsculapius acquired the ascendancy over all other deities as a god-physician, and was called the son of Apollo by the priests. Aristophanes informs us of the manner in which this deity performed his cures. Those who came to consult him were first obliged to purify themselves with water. They then deposited their offerings upon his altar, and reposed upon beds placed in the middle of the temple. As soon as they fell asleep, a priest clothed in the dress of Æscu-

lapius, and accompanied by his daughters, entered and informed each of his remedy. As the god was not to be revealed but in a dream, the patients crouched themselves upon the skins of the sacrificed rams, in order that they might secure celestial visions. Not to feign the most profound sleep, even when awake, was an unpardonable crime. Nor was it considered less dangerous to doubt that what they either saw or heard was by heavenly inspiration. If the advice thus given did not always restore health, it was at least becoming that the patients should not contract any new disorder. In consequence of some prudent precautions in this respect, many cures must have been accomplished by the diversion which the patients enjoyed in the course of their journeys to the temples, and the not less invigorating effects of hope.

Of the numerous temples dedicated to Æsculapius, the most celebrated were those of Epidaurus, Pergamos, Cos and Cnidos. The walls and pillars of the latter temple were covered with inscriptions describing the history of diseases, and giving an account of the remedies, which had been successfully used in their cure, as advised by the deity. We are told that many people had these engraved upon metal, stone, or wood, for ready reference. However imperfect and unreliable these must have been, they must nevertheless have made a valuable collection for that period. They formed, indeed, as it were, the first rudiments of the art of healing, and were the first steps in the direction of that method of observation and research which has steadily augmented up to its present vast proportions, and has placed the science of medicine on a solid basis.

In course of time those temples, situated at Cos and Cnidos, were considered schools for the study of medicine. Both of them flourished together for a considerable period, and between them ultimately sprang great rivalry. To this jealousy may be ascribed the sudden impetus given to the medical art at that period.

Hitherto, as we have seen, the physicians of the several periods were heroes, poets and priests—more deserving the name of empirics. They observed diseases and symptoms, and tried various remedies, and more or less judged from analogy. Their theory, which was as vague as their practice, was undetermined. The ignorance of the people had made it easy to satisfy them with any form of the art, and the credulity of the same had accustomed the more enlightened class to practice deception under the guise of learning.

But in time certain men of more exalted character began to direct their attention to the study of the arts, and, among others, to that of medicine. The revolution which these early philosophers effected in the healing art was a work of necessity. The time had arrived when it was no longer to be kept locked in the mysteries of the temples, and for placing it in the possession of others than the priesthood. From that time forward, therefore, a rational system of medicine was rapidly substituted for the existing unreliable and primitive rules, and the healing art was clothed with the same importance and dignity that graced the other branches of human knowledge.

These philosophers then freed the art of medicine from the superstitious and hypocritical character it had hitherto possessed. They transformed an occult and sacerdotal doctrine into a popular science and a common art.

Although these "reformers" did this much, yet they themselves committed many errors. Not satisfied with elevating medicine to the equality of other arts, they attempted also to transfer to it the imaginary laws of their system of natural philosophy, which was fertile with errors and conjectures.

Thus, Pythagoras as an example, we learn endeavored to explain the laws of animal economy, the causes of disease, and the action of medicines by the power of numbers; Democritus again referred them to the motion and position of the atoms of matter; while Heraclitus attempted to account for them by the influence of the fire of the universe. From such teachings naturally arose many of the absurd theories of which we find examples in the works of Plato, Aristotle and

Plutarch, and to a slight extent in the writings of Hippocrates also.

Of all the philosophers who at that time devoted themselves to the study of medicine, Acron of Agrigentum, in Sicily, is said to have taken the lead as the boldest and most original. Being convinced that the art of medicine should be based upon experience only, he accordingly endeavored to teach that, by studying and appreciating the different symptoms of disease by analogy, it was not difficult to find out the indications of cure. Wise as Acron was considered in his day, and enjoying as he did a distinguished reputation, yet he found it impossible to wholly overcome certain positive and dogmatical theories, and it was only long after his death that his views were accepted by a certain sect of physicians.

We have seen, then, that the philosophers of antiquity both improved and injured the science of medicine. Rescuing it from undiscerning ignorance, they, however, threw into it almost as fallacious conjectures; they delivered it over from the blindness of empiricism to all the rashness of dogmatism.

In the hands of the ancient poets we have seen that the art of healing was simply poetical sentiments; in those of the ancient priests we found it clothed with the vague and mysterious power of superstition; and lastly, in the hands of the primitive philosophers, though its scattered and undigested materials were combined and formed into more or less regular and perfect systems, yet it still was overrun with the weeds of many crude and illogical reasonings, and could hardly claim a just right to be considered a science. Such was the condition of medicine at the period rendered famous by the appearance of Hippocrates. His ancestors, we are told, during seventeen generations, in regular succession, from father to son, had followed the profession of medicine in the island of Cos. Surrounded from infancy with all the objects of his studies; endowed by Nature with a genius which was both comprehensive, penetrating, bold and prudent, he commenced his career under the most favorable auspices, and pursued it during more than eighty years, with that degree of renown which was equally due to his talents and his character.

The date of the appearance of the "Father of Medicine," as he is called, on this terrestrial globe, is fixed at 460 years before the advent of our Savior. Since that momentous year for the science of medicine, more than twenty-three centuries have rolled from time into eternity, and yet still the name of Hippocrates is not the less known or honored. What made him so great is well known to all of you, and what he did for the science of medicine is familiar to each one of us. I will not, therefore, weary you with its recitation. On the contrary, it is my purpose to leave those 2,300 years of time, with all their glory, undisturbed, and ask you rather to look upon the science of medicine as it exists at present, and in the picture thus presented behold the mighty edifice of our life's profession, as it stands to-day, reflecting from its resplendent walls in golden beams the truths of a science that has inspired some of the noblest hearts that ever beat to worship at her shrine, and bears inscribed upon her tablets names of some of the world's truly great and good men.

Ancient as the science of medicine has been shown to be, yet how little does this colossal temple of to-day resemble the rough and unhewn stones of its infancy. The weak and uncertain steps with which it at first essayed to walk, have given place to those stupendous strides which even in our short life we have seen it take. Rising from the chains and trammels of ignorance and superstition, we behold it to-day standing erect and firm by its sister sciences, "clothed in purple and fine linen."

Looking upon the science of medicine of to-day, and recalling some of those important advances which it has made within comparatively a few years, it is not difficult to prophesy as to the future. The physicians and surgeons of distinction whose names are honored among us, are but the predecessors of equally brilliant men who shall strive, as these have striven, in future years, to develop new truths from the inexhaustible treasures of research and study.

Inexhaustible, indeed, is the well of medical science. Each new year brings us new volumes of medical lore, and gives birth to some new and brilliant genius among the disciples of Æsculapius, and yet the cry is "still they come."

And what is the future of medical science? Look back upon the imperfect sketch that I have just given you of the weakness of its infant life; see it now before you in all the grand vigor of its manhood, and your cheeks will burn with the blush of pride, and the convictions of your own hearts reply that its future will be superbly grand. Let us then, my fellow editors, feel a just pride in our calling, and by that all powerful voice, "The Press," instruct our fellow worshipers at the shrine of Æsculapius, by spreading the truths of medical science over the land, and whispering in their ears those stirring and beautiful lines of Longfellow:

"Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us
Footprints on the sands of time.

"Let us, then, be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait."

Foreign Correspondence.

Vienna, May 1st, 1872.

The general plan and arrangement of that vast chain of buildings which together form the Vienna Allgemeinen Kranken house, or General Hospital, has been so often described in our American journals that it must be quite as familiar to those of the profession who have not been here as to those, more fortunate, who have been able to avail themselves of the extensive field for clinical study and observation which its wards afford.

The hospital buildings, low, old-fashioned structures, although very well arranged and adapted for the purpose, present nothing either striking or attractive in external appearance. The handsome and extensive gardens which occupy the central space enclosed within the circuit of buildings, forms the most characteristic and pleasing feature of the institution. The cool shady walks—the smooth green lawns, and the tastefully arranged flower beds, remind one of some handsome private park or pleasure grounds, rather than of a hospital enclosure. A second glance, however, at the occupants of the numerous seats and benches which line the walks, recalls one at once to the true nature of their surroundings. The convalescent patients, as soon as they are able to either walk, crawl, hobble, or be carried out, gather here in the gardens to enjoy the revivifying influence of the fresh air and sunshine—their odd and rather ghostly-looking hospital attire of white cotton cloth wound loosely about the person, forming a strange contrast to their out-door surroundings. Even the otherwise bare and rather gloomy hospital wards derive a certain bright, cheerful aspect from the gardens into which they look.

These grounds present a busy scene of a morning, as the students come gathering in from all directions like a vast army to a muster. Breaking up into little knots and groups, however, they separate again, and, into so many different destinations do they find their way, that, with perhaps two or three exceptions, in no one clinic would we find more than fifteen, twenty, or possibly twenty-five students.

The courses of instruction for the Summer Semester, which began on the 15th of April, are now fully under way. The general clinics and lectures of Profs. Hebra and Billroth, Braun, Arlt, etc., draw their usual crowds of listeners, while the multitudes of private courses offer their usual facilities for special study and investigation.

The demand created by the large number of transient visitors and students of all nations who are constantly arriving here, with perhaps but a month, six weeks, or two months to remain, and who are consequently willing to pay almost any prices in order to obtain access to the particular departments in which they are especially interested, enables almost any of the interns or assistants who may have a few wards under their charge, to attract a class of students. Most of these gentlemen

undoubtedly endeavor to make their classes as interesting and instructive to their patrons as possible. Unfortunately, however, many of them, although otherwise well fitted for the positions which they occupy, are entirely lacking in any natural tact or ability for teaching.

Not a few of these gentlemen, too, seem entirely to forget the important fact that it is not so much *their individual* reputation and acquirements which draw the students, as the valuable material which is only to be reached through them. There are quite a number of these private courses, also, conducted on the evident principle of first squeezing all the money possible out of their victims, and then giving them just as little instruction in return therefor as possible, with the idea, apparently, of thus obliging them to take another course in order to complete the unfinished subject—very much on the same principle that a gambler, after having played once and lost, must try again in order to recover his loss, and then having lost a second time, he cannot, of course, give up without one more effort to win it all back.

I might mention here a single case in illustration. A certain young professor, the son of one of the best known, leading members of the Vienna faculty, gives a private course of twelve lessons, one hour each, on auscultation and percussion, for which he charges the moderate sum of fifty gulders, or twenty-five dollars. One of his late victims, on venturing to mildly remonstrate with him on the rather meager and unsatisfactory character of the instruction received, and the very sparse amount of material offered for practice and illustration, received the suggestive reply that in his next course he should take the class into another ward, where there was a much better supply of material, and that he should, therefore, be able to make it much more profitable and interesting. My friend *didn't bite*, however. Very few do, I think, a second time. A few words of advice and assistance from any of the students who have been here for a short time will, however, readily enable the stranger to avoid these *sharks*.

Unfortunately, however, the places in all the best and more favorite courses in all departments, as Schrotter on throat and chest affections, Politzer on the ear, Jager and Arlt on the eye, etc., are all engaged usually for several months in advance. A little time and patience is therefore required in getting started, unless, indeed, the precaution has been taken to write on in advance, either to some friend, or to the professor whose clinics it is desired to enter, in order to have a place reserved. This is easily done, and frequently saves considerable delay and disappointment.

Taken altogether, there is probably no place in Europe that offers equal facilities for that class of students and practitioners who, having a few weeks or months to spare, wish to take a hasty review of any special subject. All of the short special courses are, however, almost necessarily in a measure incomplete, superficial, and in proportion to the time occupied by them, very expensive.

The more permanent class of students, who settle down for one, two, or three years' steady work, find it much more advantageous to spend at most but a short time here, remaining for the most part either in Berlin, Breslau, Wurtzburg, or even any of the smaller universities, where the courses of study, extending throughout the semester, or the year, are, in most departments at least, much more thorough and complete.

There is one department—that of pathology—in which, in consideration of the amount of material at command, Vienna should far excel all her rivals. The hospital furnishes in the neighborhood of fifteen post-mortems a day, or more than twice the amount which either Virchow, at Berlin, or Waldeger, at Breslau, has at command, and yet either of these places are generally acknowledged to furnish superior advantages for study in this department to anything offered here. In fact, this vast amount of valuable pathological material is here almost literally wasted, as far as any practical use for purposes of instruction are concerned. However well Prof. Rokitansky may deserve the high reputation which he has achieved, he certainly has done but little of late to sustain it.

The diagnosis of syphilis by the microscopic examination of the blood—the supposed great discovery of Dr. Lostorfer—some comments in regard to which appeared in THE EXAMINER for February 15th, is still by no means a generally acknowledged fact, even here. Several of the leading microscopists here, however, are at work investigating the subject. Among others, Prof. Stricker claims to be able to distinguish the characteristic sporules; a few, however, who have not been so fortunate in their investigations, still hold to their unbelief. If this discovery had been announced in Paris, instead of Vienna, we should long ere this have had begun one of those interminable discussions for which the Paris Academy of Medicine are so famous. The old scenes of the unity-duality and the vaccinal-syphilis discussions would have been enacted over again, and, losing sight entirely of all further investigation, the partisans of either side would have arrayed themselves for the grand war of words with a malicious, vindictive energy such as only the excitable Frenchmen are capable of. The German temperament is, however, different. They prefer rather to work much and say little, either party pursuing quietly their investigations, and content to let the truth or falsity of their theories be decided by the future results of their work.

The method of investigation at present pursued by those who are following out observations on the subject, is briefly as follows: A few drops of the blood which it is desired to examine, is placed upon a slide, and being kept constantly moist, is either allowed to stand for two or three days, or the process of decomposition and the consequent formation of sporules can be hastened by keeping the slide for a few hours on a warming stage. By keeping the slide thus slightly warm, as well as moist, the desired growths will sometimes make their appearance within an hour after the process is commenced. These sporules make their appearance quite as abundantly in the healthy as in the syphilitic blood, and it is merely claimed, by the advocates of the discovery, that they are able to distinguish, from careful comparisons made between them, the growths which appear in the specific from those which are found in the healthy blood. F. H. D.

Original Translations.

RUPTURE OF THE PREGNANT UTERUS.

TRANSLATED FROM SCHMIDT'S "JAHRUCHER," BY DR. MARY J. SAFFORD.

A woman in the 7th month of her 16th pregnancy, from lifting a heavy weight was suddenly seized with a severe pain in the hypogastric region, and with vomiting, which prostrated her exceedingly in a few hours.

The same symptoms, except aggravated, occurred the second day; and now the diagnosis of acute peritonitis was made; and by blood-letting the symptoms were somewhat ameliorated.

The 3d day vomiting returned, with typhoid appearances; the tongue dry and dark; skin hot; pulse increased; with great prostration.

The abdomen was much distended, and especially prominent in the region of the navel.

In the left epigastric, umbilical, and hypogastric regions, was to be felt a somewhat elastic tumor, that gave a dull sound upon percussion.

Tense membranes were felt in the os.

Nowhere were the child's extremities to be felt. Neither the heart tones to be heard.

From symptoms and appearances there was no doubt that the parenchyma of the uterus was ruptured, with peritoneal covering, in consequence of which acute peritonitis had occurred.

That the death of the fœtus had been accompanied by a rapid decay that caused the decided accumulation of gas within the membranes, and also led to septæmia.

The membranes were punctured, when a large quantity of offensive-smelling gas escaped, accompanied by a not less offensive brownish yellow fluid. This was followed by the decayed fœtus.

After this operation, the patient was very

comfortable, and in six weeks was quite convalescent.

EXTRA-UTERINE PREGNANCY.

A woman aged 34, after a pause of 14 years, became pregnant again. In the 7th month, she was seized with excruciating pain in the hypogastric region, seeming more severe in the fundal region of the uterus, where one thought to feel the fœtal extremities.

The patient complained of a peculiar sensation, as if the child turned itself from left to right.

The fœtal heart-tones were to be heard more distinctly than usual in the right iliac region.

Nothing was to be felt by a vaginal examination.

The physician was called, and found the patient insensible. She had fallen in a fainting-fit, from which she soon died.

An autopsy revealed the child in the peritoneal cavity, an apparent fœtus at full term, lying in a considerable quantity of fluid and of coagulated blood.

In following the navel-string one came, to the left, upon a ruptured cyst, which presented the exact appearance of a pregnant uterus. This was imbedded between the layers of the broad ligaments. Its walls were richly supplied by blood-vessels from the uterus.

The placenta was fastened to the side of the cyst.

The left fallopian tube was enormously enlarged, ran over, and ended with some of the fimbriæ internal to the cyst.

A left ovary was not to be found. The uterus was decidedly enlarged, its mucous membrane thickened and softened, and presented a half disorganized appearance, that bespoke the existence of a decidua.

HOSPITAL GANGRENE AND ITS TREATMENT WITH CAMPHOR-GUM.

A. Netter, in Riemes, is of the opinion that hospital gangrene is a peculiar destruction of the subcutaneous and intermuscular, cellular and fat tissues.

The destroyed mass contains, therefore, much fat. The camphor unites with this at a low temperature, and forms a fluid substance —a camphor oil. This is discharged; and then comes to view the tissue capable of life.

Netter says if there are no anatomical lesions, aponeurosis, fascial and otherwise, neither inflammation, complicated with erysipelas, nor pyæmia, that camphor, early applied and in large quantities, is a sure cure for hospital gangrene. He cites a large number of cases successfully treated in this way. Eight cases that were cured are fully described.

He also tried, with equally good results, camphor powder upon phagedenic chancres that had assumed a gangrenous form.

From his remarks we infer that the spread of hospital gangrene rests upon a ferment, whose life camphor powder seems to cut short.

He tried in two cases the application of quinine and charcoal, but without the desired result.

He considers the disease a purely local one, and that the general *malaise* accompanying it, is only in consequence of local disease, the re-absorption of putrid material. He considers the application of ferr. sesq. chlor. as dangerous, and recommends camphor-gum as the most effective remedy in his hands yet tried.

A MONUMENT to the memory of Professor Schuh is to be erected in Vienna. Four thousand four hundred and five florins have already been raised toward it.

THE mortality of Vienna the second week in April was much greater than usual. There were 562 deaths, 80.1 per cent. One hundred and fifty-eight died of tuberculosis. There were 9.7 cases of small-pox daily. There was a typhus epidemic, not an unusual thing here, but more severe and fatal than common. Only two cases of spotted fever have been observed. They were in Rudolph's hospital.

INTRA-UTERINE VARIOLA.—In the *Soc. des Sciences Med.*, of Lyons, M. Poucet showed recently a fœtus aborted by a woman attacked by varioloid. This fœtus presented a disseminated pustular eruption over different parts of the body. Dr. Molliere mentioned that two women had variola during the three first months of their pregnancy. These children were born at full term. He vaccinated both of them on the eighth day, with some other children, but in neither of them did the vaccine take. In one of these cases the variola was confluent, in the other very slight.—*The Doctor.*

THE
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EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, May 15th, 1872.

EDITORIAL.

Illinois State Medical Society.—The annual meeting of this Society was held in Rock Island, commencing at 10 o'clock a.m. of Tuesday, May 21st, and continued until 10 o'clock p.m. of Wednesday.

Although the number in attendance was not as large as at Peoria the year previous, yet it was above the average attendance at our annual meetings.

The days were pleasant, the accommodations good, and the members devoted themselves assiduously to the transaction of business, holding three sessions the first day and two the second. A large proportion of the Standing and Special Committees, appointed the year previous, failed to make any report; yet the number of reports and papers was quite equal to that of previous meetings, and each elicited more or less intelligent and interesting discussion. We shall give an abstract of the more interesting part of the proceedings in our next number. On the afternoon of the second day, the members enjoyed an excursion to Moline, thence to the island, where the ladies of Rock Island had provided a most elegant and bountiful *picnic* entertainment, after doing full justice to which, the company crossed the great river, and were very cordially received by the profession of Davenport, and escorted through that flourishing city to the bluffs, from which they enjoyed one of the most beautiful and extensive landscape views that could be presented to the eye. At 8 o'clock p.m., the hall was well filled with members of the profession and citizens, to hear a public address from Dr. A. L. McArthur, of Rockford. The address was well written, and delivered in good style.

The aim of the speaker was to show the close relation between physical health or perfect physical development and the mental and moral actions of men; and as an inference, that all great improvements in the elevation of the race must be founded on a better understanding and more general observance of the physiological laws governing physical development and health. After the lecture, the Society proceeded with its ordinary business, but as many of the members wished to leave for home on the R. R. train at 10:30 p.m., the closing work was done somewhat hastily, and some items of importance were wholly omitted. We were glad to see delegates present from the State Medical Societies of Iowa and Wisconsin.

Minutes of the Amer. Med. Association.—We are informed that the official record of proceedings of the recent meeting of the American Medical Association, is now in press, and will soon be ready for distribution. It will be in pamphlet form, price fifty cents per copy. All who desire one or more copies, should enclose the amount to the permanent Secretary, Dr. Wm. B. Atkinson, 1400 Pine street, Philadelphia.

Cholera.—We see announcements that one or more cases of cholera have occurred in Paris, France, early this spring, and that the disease appeared in considerable severity at Ramionka, in Russia. We should not be disappointed if the cycle of atmospheric conditions favorable for its development, should reach this country during the coming summer.

Chicago College of Pharmacy.—At the meeting held March 6th, the retiring President, Mr. E. H. Sargent, in his annual address, spoke feelingly of the sympathy extended by the pharmacists of this country and Europe to this College, after the disastrous conflagration. Resolutions of thanks to all contributors were adopted.

The following officers were elected: George Buck, President; Th. H. Patterson, J. W. Mill, Vice-Presidents; G. M. Hambright, Secretary; A. C. Vanderburgh, Treasurer; A.

E. Ebert, Corresponding Secretary; W. F. Blocki, Henry Biroth, N. Gray Bartlett, E. H. Sargent, J. C. Borcherdt, J. M. Hirsh, J. H. Mead, Thos. Whitfield, Jul. H. Wilson, Thos. N. Jamieson, Trustees.

INDIANA STATE MEDICAL SOCIETY.—Through the kindness of the Secretary, Dr. S. A. Woollen, of Indianapolis, we have received papers containing the record of proceedings of the recent meeting of the State Medical Society of Indiana, the most interesting portions of which we will give to our readers in the next number of THE EXAMINER.

Gleanings from Our Exchanges.

THE RELATIONS BETWEEN HÆMOPTYSIS AND PULMONARY TUBERCULOSIS.

A CLINICAL LECTURE BY PROF. SKODA.

(*Translated from the Annales et Bulletin de la Societe de Med. de Gand, for the Boston Med. and Surg. Jour.*)

Prof. Niemeyer has recently assigned to hæmoptysis an importance entirely unlike that which it formerly was held to possess. He believes that tuberculosis is caused by the hæmoptysis itself, maintaining that the blood arrested in the bronchial tubes and in the air-cells after a hæmorrhage, gives rise to a chronic inflammation, and that on this depend the febrile state and the other symptoms of phthisis. If the blood thus retained in the minute bronchi and in the air-cells really possessed such an influence, and could excite such an inflammatory state, we ought to expect that the same result would follow hæmorrhages which attend cardiac disease. Now, no such condition occurs in the course of that affection. Where an hæmoptysis takes place in patients whom we consider to be tuberculous, and who die during the hæmorrhage or soon after, we do not generally find any arrest of accumulated blood in the bronchi and air-cells; while if death occurs after a hæmorrhage in diseased heart, there is found a collection of blood in the lung. The hæmorrhagic infarctus very rarely presents itself after the hæmoptysis of tuberculosis, and is an exceptional occurrence in cardiac disease. But it is this very thing which would determine the conditions of a chronic inflammation! I have never seen such a result. Doubtless, if accumulated blood does remain, a moderate reaction occurs, in the course of which only the normal changes of the blood take place; that is, it coagulates, becomes encysted, and forms the infarctus alluded to, but never progresses to suppuration. Such a hæmorrhagic infarctus may last months and years, growing smaller and smaller, and finally disappearing altogether. The blood-globules undergo a metamorphosis by which the black pigment is the result, or else disappear by fatty degeneration. The fluid elements, which become separated from the rest, are reabsorbed; the dark-coloring matter is left, and if the hæmorrhagic infarctus continues any length of time, it remains as black patches in the substance of the lungs. According to this view, then, the observations relative to the effusion of blood in the lungs in the course of disease of the heart, accord so little with the theory of Prof. Niemeyer, that one is forced to confess that this hypothesis is untenable.

According to the investigations which have been made in the living subject and upon the cadaver, it is very probable that the hæmoptysis which occurs in pulmonary tuberculosis before and during its development, has its seat in the mucous membrane of the bronchi, and not in the air-cells. If the blood came from the latter, it would certainly be very difficult to explain the rare occurrence of the hæmorrhagic infarctus; but since it comes from the bronchial mucous lining, it is easy to see that none remains as a plug, but that it is expelled by coughing. I can state positively that in cases in which death occurs in the course of an hæmoptysis, it is the rare exception to find blood in the bronchial tubes, but that it is found rather in the larynx and the trachea; because, by the cough and the contraction of the bronchi, it is at once drawn forward and expelled.

So, too, I cannot accept the theory that the hæmoptysis may give rise to serious after effects. Such a result can be only in cases in which the hæmorrhage occurs in a lung tissue already diseased, especially in cavities from which the blood cannot be evacuated; and it is possible that the morbific properties peculiar to the cavities themselves, contribute thus to develop a more active irritation. It is, moreover, to be noted that the blood is not specially irritant to the tissues; for example, a hæmorrhage into the subcutaneous tissues after a blow does not produce any marked irritation, as we very well know, but it is generally quickly reabsorbed; so there is no reason for supposing that the blood is so irritant in a tuberculous patient as to favor the development of the symptoms of the disease. Nevertheless, I attribute a great importance to hæmoptysis, but only as a symptom indicating

that the disease is present, or that it is in process of development.

Another question here presents itself. When directly consequent upon an acute pneumonia, there remains some of the inflammatory product in the lungs, a chronic pneumonia is said to exist. This deposit differs materially from those peculiar to the disease which we call tuberculosis. The former can remain months and years without lighting up mischief, while in tuberculous disease cavities become formed with the greatest ease. I see, therefore, an important distinction between the two diseases, and it is useless to apply terms in common which may give rise to confusion.

Therefore we see that hæmoptysis is not the cause of consecutive disease of the lung; on the contrary, the cause of the pulmonary disease resides elsewhere, and the hæmorrhage is only a symptom of a morbid predisposition which subsequently manifests itself under the form of tuberculosis.

Hæmoptysis likewise proceeds without doubt from other causes—cardiac disease, for example. Moreover, certain cases of hæmoptysis occur independent of disease of the heart, having no connection, indeed, with eventual pulmonary disease, cases in which the hæmorrhage frequently recurs, but with no serious pulmonary affection consequent. But such instances are rare, and are sometimes dependent upon a tuberculous degeneration limited to a single point in the lung, which, once diseased, never returns perfectly to its normal state, and becomes the seat of hæmorrhages which recur from time to time. Other cases, also, are observed in which the extravasation of blood proceeds solely from the capillaries or from dilated veins, among which aneurisms by anastomosis are found. Doubtless a metamorphosis of the pulmonary parenchyma can thus give rise to a serious attack of hæmoptysis; these attacks may recur, and yet no tuberculosis ever result; when the hæmorrhage ceases, the patient regains his previous health; debility may result, as in other cases of hæmorrhage, but farther than this there exists no other symptom worth noting.—*The Doctor, London.*

Dr. Voisin on the Treatment of Epilepsy by Copper and Zinc.—In the *Wien. Med. Zeit.* No. 9, Dr. Voisin says that the definitive cure of epilepsy is at present so doubted by a great crowd of medical observers, that he holds it useful to quote from Herpin, of Geneva, who left behind him notes on this subject, a series of cases when the disease was cured for a shorter or longer time. He thinks it the more important to do so at present because just now bromide of potassium is so prodigiously praised in the treatment of epilepsy, that one is inclined to consider the former remedies as having all been useless and without power, whilst clinical experience shows us every day that bromide of potassium is very far from curing all epilepsies,—and especially the essential ones —or even to do them much good; and that, indeed, several patients are by its means excited extremely; whilst in others its supposed power of lowering sexual emotions is null; indeed, in some cases the sexual irritation is increased. Dr. Herpin, of Geneva, was not acquainted with the anti-epileptic properties of bromide of potassium. He treated his patients chiefly with preparations of lactate of zinc, ammonio-sulphate of copper, hyoscyamus, and artimisia. In a young girl who, when aged thirteen, had contracted essential epilepsy, Herpin treated her ten years later, after that she had suffered 111 times from *grand mal*, and on numerous occasions from fainting-fits and vertigo. After the patient had been treated with lactate of zinc, hyoscyamus, and artimisia, she was cured when the last remedy was raised to 10 grammes. The experiment was continued a year longer, and since then the girl has remained quite free from the disease, and healthy. The second patient was twenty-one months old when brought to Herpin; and the disease was hereditary in this case, and fully developed. Attacks came on 25 times a month, and 150 had already been counted. Treatment consisted in the use of lactate of zinc, ammonio-sulphate of copper, hyoscyamus, and artimisia. The disease got milder by the use of the copper, and disappeared entirely when artimisia was used; and since 1858 the child, who was now a man, was quite healthy. The third patient came to Herpin at the age of eleven years, after having for six months had 38 epileptic attacks, and numerous attacks of vertigo. Four years were required of treatment by the above-mentioned remedies; and here it was the copper which conquered the disease; Herpin at the same time made the lad practice gymnastic exercise, and take long walks in the open air. The fourth observation relates to an epileptic who was brought to Herpin when eighteen years old. He had only two severe fits. He was treated by copper, and the disease was quenched. The fifth case was in a girl 19 years of age, who had been epileptic a year. She had had five attacks, each lasting two hours. Treatment with lactate of zinc, undertaken for a year cured the girl; and since then she has not had a trace of the disease. The sixth case was that of a girl eleven years old; and she had suffered since her seventh year from

epilepsy and vertigo; 53 times from the former, *grand mal*. She was treated with the lactate of zinc for a year, and cured definitely. The seventh case was that of a boy eight years old, whose uncle by the mother's side was insane; had his first attack in July, 1850, when four years of age. He was first put under the water-cure, and then on belladonna. Under these his complaint became milder; and lactate of zinc cured the vertigo. He has been quite well since 1854.—*The Doctor.*

New Attempts at Inoculation of Grey Tubercle.—Dr. Serafuro Biffi, and Dr. A. Verga (*Gazz. M. C. Lomb.*, August, 1871), say that the argument of the inoculability of tuberculosis is far from having exhausted the attention and patience of cultivators of experimental pathology. Everywhere is repeated the experiment of inoculating animals of different species, and in different parts of their organism, not only with grey tubercle, but with the so-called cheesy matter, and other morbid products; lastly with inert substances. But up to this time the question has not been settled so as to satisfy the students, so that they are divided into two camps, in which the most opposite opinions are held. Experiments were made by these gentlemen on two mules, one cow, two pigs, and one dog, in the veterinary school of St. Francisco, near Milan. In all these seven animals they had inoculated under the skin human grey tubercle, which was triturated and reduced to a soft pultaceous matter by the addition of distilled water. This was introduced amidst the subcutaneous cellular tissue, through a little puncture in the cutis, which was then reunited with a point of suture. In another case the matter, much diluted with distilled water, and passed through a piece of gauze, was injected by means of one of Pravaz's syringes. In one way or other the injection was always practiced on each animal at least in two distinct points, in the neck and the thigh. It was noticed that some days after the operation, where it had been practiced, the connective tissue became inflamed, and there was a swelling noticed, which afterward assumed the appearance of a nodule, then opened, and gradually the wound cicatrized. The pigs, the dogs, and the mules, were killed about three months after inoculation, and the cow after two months. All these animals, after the operation, had been kept in good conditions of health, and appeared to enjoy good health. The accurate autopsies showed that there was no tubercle either in the lungs or any other parts of these animals.—*The Doctor.*

Aneurism of Popliteal Artery by Flexion of the Knee.—Dr. Larondelle (*Presse Med. Belge*, Oct. 8) says that in 1838 Malgaigne indicated flexion of the leg on the thigh as a method of curing popliteal aneurism, having observed that when the forearm was much flexed on the arm, the pulsations of the radial artery ceased. Thierry, in 1852 (*Gaz. d' Hop.*), had indicated that forced flexion would cure diffuse aneurism of the branchial artery. Ernest Hart, Shaw, and Spence, in England, have cured aneurism of the popliteal artery by flexion. Anatomically experimenting after death when the leg is at right angles with the thigh, the popliteal artery becomes flexuous in the portion seated beneath the line of articulation. The flexuonsities it describes are very small, and close together. At the same time the artery, at the level of the line of articulation, becomes flattened in the lateral direction, and forms an obtuse angle, of which the vertex is directed inwards. As we augment the flexion of the leg, the angle of flexion of the vessels becomes more acute, its flattening more and more marked, and the flexuousities approach each other more nearly. Above the line of flexion the artery preserves its normal direction. To ascertain the influence which the flexion exercises upon a current of liquid in the popliteal artery, recourse was had to injection of water into the femoral artery, after first cutting the tibial artery behind the internal malleolus. The jet which issued forth from the posterior tibial when the limb was straight, became arrested entirely when the leg was greatly flexed on the thigh. When flexion can be carried far enough, it is then an excellent method of treatment.—*The Doctor.*

A Chair for Hygiene Established in the University of Vienna, Austria.—The Sanitary Counselor of Austria, has declared it a necessity the founding of a chair for hygiene. It will be taught as a branch of physiology, and lectures will be given bearing on this as well as pathology and therapeutics. The subject must not be studied alone by sanitary officials, but each physician must interest himself in it in order to keep pace with the progress, not only of the medical science, but the natural sciences. The interests can be best advanced when physicians unite their knowledge to that of those interested in these subjects, as, for instance, physiologists, chemists, engineers, manufacturers, refiners, etc. They all have a common interest to advance the rule of hygiene, and to regulate evils that do not come directly under the observation of the physician. There must be societies,

unions, periodic meetings—a central point from which to radiate and to which to bring the varied experience of each; this must be published, the people must become interested in the subjects discussed, and a paper dedicated to them, as to political and other subjects. This has been successfully tried in London; the people are zealous in furthering the cause established and directed by the medical fraternity.

Society Reports.

American Medical Association. — The following items, gleaned from the proceedings of the recent meeting of this great national organization, will be found of general interest to our readers:

Shortly after 11 o'clock a.m., the meeting was called to order by the President, Dr. D. W. Yandell, of Kentucky.

The Right Rev. William Bacon Stevens, M.D., D.D., D.C.L., Bishop of the Protestant Episcopal Church in Pennsylvania, then opened the proceedings with prayer.

The address of welcome on behalf of the medical profession of Philadelphia, was delivered by Professor R. E. Rogers, M.D., Chairman of the Committee of Reception, as follows:

Gentlemen — Delegates to the American Medical Association: It is with unfeigned pleasure that, as Chairman of the Committee of Reception, on behalf of the medical profession of Philadelphia, I extend to you a sincere and cordial welcome to our midst.

Gathered to-day in this hall are representatives of our profession from every quarter of this vast country, reaching from the city of the "Golden Gate" to the capes of the Chesapeake; from the granite hills of Maine to the waters of the Gulf of Mexico; covering a domain of twenty-four parallels of latitude and fifty degrees of longitude, and embracing a population of whose health its members are the guardians, numbering not less than thirty-eight millions of men, women, and children.

With these boundaries, this area possesses features of climate, a meteorology and a geology more diversified and extensive than those of any other single country on the face of the earth. What may we not hope of benefit to science and humanity by observations made upon these in their connection with disease and hygiene, by so many intelligent laborers in the field?

Meeting here, on this twenty-fifth anniversary of the organization of the American Medical Association, there are brought together men of every type, of high tone, loyal to their profession, strong men and true; men of sparkling genius, of varied and solid attainments — those who have grown gray in their vocation, laden with the golden harvest of a life's long experience, and those blessed with youth, energy, and ambition, engaged in laborious research, all ready to lay their individual contributions upon the altar of our profession.

In view of the reflections which here arise, what a spectacle of "moral grandeur" in possible achievements in the cause of suffering humanity does this assemblage present!

More than any other department of human knowledge does medicine appropriate the laws of the other positive sciences as parts of its organic whole, modifying and assimilating them, and finding in them sustenance, and warmth, and life. It is indeed the highest application of the truths of the other departments of knowledge, directed to the beneficent end of preserving health and assuaging physical pain. It may, perhaps, be not unaptly compared to some vast sea, receiving the contributions from a thousand perennial streams flowing from distant and widely separated regions, and then dispensing the commingled waters on the wings of the ever moving winds, to spread their vivifying, renovating showers over the wide circuit of the globe.

Since the organization of our Association, as by curious coincidence, a new era has been inaugurated; marvelous progress has been made in the developments of science bearing upon human comfort and the mitigation of disease. Thus, the electric telegraph, the vast extension of the iron track, the introduction of anæsthesia, and the device of various instruments of precision for the exploration

and cure of the maladies of our race. These grand opportunities and grand advances have been within the reach of all. Therefore, as a natural result, our numbers have continued to increase, and the value of our transactions greatly to improve, thus securing an unabated prosperity to our organization.

Whatever qualifications may be made as to the amount of positive knowledge contributed through such annually recurring gatherings as these, it cannot be denied that they exercise personally a most wholesome influence upon the members of the profession. They serve to strengthen old friendships and form new ones, to dissipate prejudices, to sustain self-respect, and cultivate a spirit of charity and humility; and, through the interchange of opinions and the abrasion of thought, to brush away the cobwebs from the dusty corners of our brains; to sharpen the battle-axe which has grown rusty with disuse, and to lift us out of the monotonous groove of life in which we have been wont to move; leaving pleasant and cheering memories, which, like the Arctic twilight, lingers in the sky to meet the coming dawn of the next returning day.

The present is the third occasion of our meeting in the city of Philadelphia the earliest medical center of our country, which has long since become the vigorous and lusty sire of many a stalwart son. And here let us congratulate ourselves and the world at large upon the vindication of those principles which have ever guided her medical affairs. As the genuine coin is liable to counterfeit, so have unscrupulous men aimed to speculate upon her fair name by spurious imitations. Thanks to a wise legislation, the atmosphere has been purified, and the parties engaged in the fraudulent issue of diplomas have been deprived of their charters, and their institutions abolished.

The first meetings of this Association were marked by harmony and good will throughout; so may it be now; and may the blessing of the "Author of peace and Lover of concord" rest upon us and guide our deliberations.

Once more, then, my friends, offering you our warmest greetings, and a hearty welcome to our hospitalities, I give place to your further proceedings.

Dr. Edward Hartshorne, Chairman of the Committee of Arrangements, followed with some appropriate remarks, and asked the Secretary to read the list of those who had registered their names as members of the present meeting.

The President then read his annual address, concerning which we made some editorial comments in the previous issue of this journal.

Dr. H. F. Askew, of Delaware, then offered a resolution declaring that all questions of a personal character, including complaints and protests, and all questions concerning credentials, shall be referred at once to a Committee on Ethics, and without discussion, to be considered and reported on by such Committee.

The announcement of special reports and papers, and their reference to the appropriate sections, completed the work of the first general session.

At 3 o'clock p.m., the members assembled in the several Section rooms, and were busily engaged in the reading and discussion of reports and papers, embracing a great variety of subjects, the full value of which cannot be known until the publication of the Transactions.

In the evening a reception was given at Horticultural Hall by the Biological Society. In the foyer were arranged two long tables, on which were placed over one hundred powerful microscopes, containing specimens of pathology, anatomy, microscopic photography, etc.

Upon the platform at the end of this room were arranged five spectroscopes, in charge of Professor B. H. Rand, of the Jefferson Medical College, who exhibited the spectra of the different mineral and other substances, and of the electrical light.

SECOND DAY.

The Association was called to order at 10 o'clock a.m., the Vice-President, Dr. T. M. Logan, in the chair. The general session

which followed was occupied chiefly in hearing the reports of the regular standing Committees, from which we gather the following items of general interest:

Dr. Casper Wister read the Treasurer's report. The expenditures during the year were $3,680; balance in hand, $1,005.

Dr. J. S. Weatherly, of Alabama, read the report of the Committee on Medical Education, which, after going briefly over the ground of the state of education in this country, and making a comparison with the European plans, threw out a number of suggestions that no more charters be granted to medical colleges which do not adopt the plan of medical education endorsed by the Association, and that applications be made to the Legislature for the revocation of the charters of such colleges as do not adopt the plan of the Association, and that no delegate be admitted into the conventions from an institution that has failed to adopt such plan. The report alluded to the rivalry between the various medical colleges, which induced them to lower the charges for education, and tended to make them throw abroad upon the world men who were totally unfit for the physician's duties.

Dr. Francis Gurney Smith, from the Committee on Prize Essay, announced that the successful essayist was Samuel R. Percy, M. D., who had struggled with the question "What Physiological Value has Phosphorus as an Organismal Element?"

Dr. T. Parvin, of Indiana, read the report of the Committee on Medical Literature, which asserted that while the medical profession of the country had a journalism which was honorable, worthy and able, yet that it was exposed to the danger of becoming local, provincial, was subjected to the influences of certain colleges, and that it sometimes, too, descended to the lauding of quackeries. The report recommended that manuscript books on medical topics, designed for publication, should be referred to the Committee on Medical Literature for critical examination, and that then, if the report was favorable, the work should be produced "under the auspices of the American Medical Association."

In the afternoon work was resumed in the several Sections, and much work of interest and value was accomplished.

In the evening Dr. H. D. Noyes delivered a lecture on "The relation of diseases of the inner structure of the eye to other affections of the body," illustrated by ophthalmoscopic pictures in the magic lantern, in the Medical Department of the University of Pennsylvania, Ninth street, above Chestnut. Prof. R. E. Rogers also delivered a lecture, with demonstrations of electrical phenomena, in the same hall, and receptions of the delegates and their ladies were held by Dr. William H. Pancoast and Dr. Hugh L. Hodge.

THIRD DAY.

The Association was called to order at 10 a.m., President Yandell in the chair.

A preamble and resolutions, adopted by the College of Physicians of this city, the preamble reciting the frequency of cases of accidental poisoning by druggists; and the resolutions recommending that all bottles containing poison should not only be labeled poison, but should be roughed on one side so as to indicate their poisonous contents to the sense of touch, and also be labeled with the most ready and efficient antidote, were read, and, upon motion, adopted by the Convention.

A resolution, offered by Dr. Horner, of Virginia, that the members of the Association should discourage the use of alcoholic *stimuli* in their remedies, was adopted.

Dr. Walker, of Brooklyn, presented a resolution that so much of the report of the Committee on Literature as relates to the establishment of a national medical journal, be referred to a committee, to report at the present session. Agreed to.

Dr. Francis Gurney Smith, from the Committee on Nomenclature, read a majority report recommending that the Association adopt a new system of nomenclature, and moved its adoption.

Dr. Woodward, of the U. S. A., read a minority report and accompanying resolution that, as the matter was one too serious for hasty adoption, the majority report be printed and lay over till the next annual meeting.

Some debate ensued, after which Dr. Woodward's resolution was adopted.

Dr. Baldwin read a partial report from the Committee on Nominations, as follows:

President—Dr. Thomas M. Logan, Cal.

First Vice-President—Dr. Catlin, Conn.

Second Vice-President—Dr. McPheeters, Mo.

Third Vice-President—Dr. Pollock, Pa.

Fourth Vice-President—Dr. Briggs, Tenn.

Treasurer—Dr. Caspar Wistar, Pa.

Librarian—Dr. William Lee, D. C.

Committee on Library—Dr. J. M. Toner, D. C.

Next place of meeting—St. Louis.

Assistant Secretary—Dr. M. A. Pallon, Mo.

The report was accepted.

Dr. Baldwin requested further time for his committee to complete their report.

Dr. Logan, of the Committee on Public Hygiene, read a report suggesting that institutions on this branch of medicine be organized throughout the country, so that there might be a more perfect education concerning the matter, and that the medical schools should take more cognizance of the subject, and asking in conclusion that the committee be continued as a Section on State Medicine and Public Hygiene. Report accepted.

OFFICERS OF SECTIONS.

Chemistry and Materia Medica—Dr. R. E. Rogers, chairman, Philadelphia; Dr. Ephraim Cutter, secretary, Boston.

Practice of Medicine and Obstetrics—Dr. D. A. O'Donnell, chairman, Baltimore; Dr. Benjamin F. Dawson, secretary, New York.

Surgery and Anatomy—Dr. Warren, chairman, Baltimore; Dr. F. W. Peck, secretary, Iowa.

Climatology and Epidemics—Dr. George Sutton, chairman, Indiana; Dr. Elisha Harris, secretary, New York.

Medical Jurisprudence, Hygiene, and Physiology—Dr. R. C. Busey, chairman, Washington; Dr. H. B. Arnold, secretary, Baltimore.

Psychology—Dr. Isaac Ray, chairman, Philadelphia; Dr. John Curwin, secretary, Harrisburg.

After the transaction of much other miscellaneous business, the general meeting was adjourned at 1 p.m.

At 3 p. m., work was resumed in the several Sections as on the previous days.

In the evening a lecture on "Sound" was given by Dr. F. Solis Cohen, at the Jefferson Medical College. The doctor illustrated his remarks by the use of various ingenious and delicate apparatus, showing in one case the waves of sound through the intervention of light thrown upon a mirror. The lecture-room was crowded with the delegates and invited guests. After the lecture, a handsome entertainment was given to the members of the Convention and their ladies, by Colonel Thomas A. Scott, at his residence.

FOURTH DAY.

The members of the Association reassembled at 10 a.m., and were called to order by the President, Dr. Yandell.

The session was occupied chiefly in the hearing of the reports from the various Sections; the appointment of the usual number of Standing and Special Committees, as recommended by the Nominating Committee; and the passage of suitable resolutions in relation to several eminent deceased members. After the usual resolutions of thanks, and some appropriate remarks by the President, the Association adjourned for the year. During the afternoon the members enjoyed a very pleasant excursion to the great city park, and an elegant collation provided by the Committee of Arrangements. During the whole four days that the Association held its sessions, the hall of the College of Physicians and Surgeons presented an extensive and interesting collection of surgical instruments and appliances, chemicals, specimens of materia medica, etc., constantly open for the examination of members of the Association. On the whole the meeting was one of the most interesting and successful that has been held; and the Committee of Arrangements are entitled to much credit for the faithful manner in which they discharged their duties.

MONEY RECEIPTS TO MAY 30th, 1872.—Dr. Newland, $6.00; C. J. Miller, $3.00; James Brooks, $6.00; Henry Young, $3.00; J. P. Mathews, $3.00; J. C. Spohn, $3.00; Joseph Fortier, $2.00; T. D. Fisher, $3.00.

Original Communications.

ON THE NATURE AND OBJECTS OF MEDICAL SCIENCE, AND ITS RELATIONS TO THE WELFARE OF THE COMMUNITY.

AN ADDRESS BEFORE THE NORTH-EASTERN INDIANA MEDICAL ASSOCIATION, JUNE 4th, 1872.

BY N. S. DAVIS, M.D., OF CHICAGO, ILL.

Brethren of the Medical Profession, and Citizens: I appear before you this evening to perform a task of great difficulty; namely, to so present a strictly professional subject as to interest the professional part of my audience, and at the same time make myself intelligible and instructive to the larger number who have no knowledge of either the science or the art of medicine. A desire to be relieved from pain and disease on the one hand, and a cordial sympathy with suffering, prompting efforts for its relief, on the other, are among the strongest instinctive feelings in man's nature. Hence, in the earliest records of our race, whether written or traditional, we find evidences both of human suffering and of human efforts for its relief. Direct efforts to prevent, ameliorate, and cure diseases, constitute the art or practice of medicine, and have existed in some degree among all the tribes and nations of the earth since the fall of man from his state of primeval innocence, to the present time. The science of medicine, properly so called, embraces an actual knowledge of man, and of all those surrounding agencies and influences capable of so acting as to modify his condition in health and in disease, and is of comparatively modern origin. By a knowledge of man, is meant a full comprehension of the structure and functions of every part of the living human body. To gain such knowledge requires a complete anatomical analysis, by which every bone, cartilage, ligament, tendon, muscle, nerve, blood-vessel, gland, etc., shall be studied, both separately and in their relations to each other, as well as in regard to the special function or office that each performs, as a part of the complex whole. And when the knife of the anatomist has exhausted its power of further analysis, the crucible and test glass of the organic chemist, and the microscope, take up the work and soon complete the process of opening to our view both the composition and the minute structural arrangement of every tissue entering into the organization of the human body. By this careful and extended analytical study, the human body is found to be composed of a few elementary tissues, endowed with certain properties, and each fulfilling a certain office, or performing a certain specific function peculiar to itself. It is by the varied combination of these few elementary forms of structure (no more than five in number), that all the beautifully complex and important organs of the body are formed, and made capable of acting, each in harmony with all the rest.

The five primary structures, namely, nervous, muscular, capillary vascular, secretory, and fibrous, are found in varying proportions in almost every part of the living body; and while all possess the common properties of *susceptibility*, or a capacity to receive impressions, and a *vital affinity*, by which the primary atoms or cells, of which they are made, are held in their proper places, each contributes its own specific function or peculiar action to the common object of enabling the more complex organ to perform its office. For instance, the capillary vascular structure is everywhere, both the reservoir of materials (the blood) for supplying the constant waste or change of atoms in all the structures, and the primary receptacle of the products of such waste or change. The secretory structure constitutes the active chemical laboratory by which elements are combined into new fluids, some to aid in digesting and assimilating the raw material received as food and drink; and some to be eliminated or cast out as useless or hurtful to the organization. The muscular structure furnishes the capacity for active motion; the nervous imparts sensibility, and at the same time the medium for transmitting the sensations to the proper centers; while the elastic fibrous structure affords the matrix and con-

necting medium by which all the other structures are held in proper position; firm enough to maintain form and durability, yet elastic enough to admit of the greatest freedom of motion. Thus, in strict accordance with the general economy of Nature, we find this wonderful and mysterious mechanism which we call the human body, composed of a small number of elements, endowed with a still smaller number of distinctive properties, but so combined as to be productive of the most varied and complicated results. Passing from the study of elementary structures to that of the fully formed and complex organs, we readily see that they are capable of being arranged into four groups, having as many distinct and important ends to accomplish. The first group embraces all the organs engaged in the reception, digestion, and assimilation of food, their end or object being to supply new material for growth and repair. The second, those that separate from the blood the waste material of the tissues, and convey it out of the system, as the skin, lungs, kidneys, etc. The third, are the seat and instruments of mind or intelligence, as the brain and its appendages, the organs of special sense, and the voluntary muscles; while the fourth group are designed for reproduction. The first may be termed organs of supply or nutrition; the second, organs of waste or excretion; the third, organs of intelligence; and the fourth, organs for the propagation of the species.

But while each group has its definite end to accomplish, and every part of each group is admirably adapted to perform its own special part of the general process, yet all are so connected, both by nervous cords and a common fluid (the blood), that they constitute links of a single chain, no one of which can be marred or broken without producing more or less disturbance throughout the whole. From this hasty glance at man's physical organization, it is seen that with the aid of the dissecting knife, the microscope, and the chemical laboratory, he stands before the truly intelligent physician of the present day, with the intricate structure and function of each tissue and organ, and their mutual influence on each other, as clearly revealed as are the lineaments of his own face when reflected from the mirror. Seeing thus clearly the natural composition, organization, or structural arrangement, and functional action of each part of the human body, and the influence that each exerts on every other, the physician has in his mind a definite standard of health; and he is prepared to appreciate and detect every departure from that standard, constituting disease. He recognizes the fact that each property common to all the tissues, and each function or action performed by the individual organs, are capable of being increased above the natural standard, depressed below it, or perverted from its proper direction, each constituting elementary forms of disease. He is thus prepared to detect at the threshold the fallacious and unphilosophical character of all those attempts to reduce all morbid action or disease to one general law. It matters not whether such law be expressed by the word *irritation* on the one hand, or *debility* on the other, or by the favorite maxim of the blunt and ignorant Samuel Thompson, that "Heat is life, and cold is death." They are equally at variance with the fact that morbid action may be in one case in the direction of irritability or excitement; in another in the direction of debility or depression; while in a third it may be in such a direction as to be incapable of being expressed by either irritation or debility, but is perverted. For instance, the action of the kidneys may be so increased as to produce a larger quantity of urine in a given time than natural, or it may be so diminished as to produce less than natural. Yet in both instances the composition of the urine may be strictly natural. But in another case, the action of the kidneys may be so perverted that the urine secreted shall contain albumen, sugar, or other unnatural ingredients, while the quantity may be strictly within the limits of health.

So, too, the action of the brain may be simply increased, producing unnatural sensibility and mental activity; or it may be diminished, causing slowness of thought, impairment of sensibility, and even paralysis;

or it may be perverted, giving rise to morbid sensations and mental derangement.

If it becomes thus apparent that all attempts to reduce disease or morbid action to some one theoretical law, are futile, it follows logically that all attempts to deduce a universal law of cure, are equally unphilosophical and vain. Hence the law of universal stimulation adopted by the Brunonians of a former age, and revived in a modified form by the present generation; the opposite law of depletion or antiphlogistics; and the fanciful dogma of Hahnemann and his followers that "Like cures like," have, each in its turn, proved abortions in practice, simply because they were applicable to a limited range of actions only. Hence, whenever a so-called Doctor makes his appearance in any community, claiming to cure all diseases by some one medicine, or in accordance with some special law, it will be entirely safe to class him either as a self-deceived ignoramus, or as a designing knave, endeavoring to obtain money by false pretences.

But while a knowledge of man, such as we have hastily passed in review, constitutes an important part of medical science — so important, indeed, as to be the chief cornerstone or foundation of the temple, yet there are many other items that make up the superstructure.

Man is simply a link in the great chain of animated beings, and is constantly living and moving in the midst of agencies that are exerting an important influence on his sensitive organization. The food and drink he takes, the earth on which he treads, and the atmosphere he breathes, all exert a constant and important influence, both on the properties of his tissues and the functions of his organs. An intimate knowledge of these, therefore, becomes as much a part of medical science as a knowledge of man himself. To gain such knowledge, however, involves a careful study of the whole range of the natural sciences. The composition, geological arrangement and topography of the earth, determines the character of the emanations into the atmosphere that we must inhale every moment, as well as the quality of the water and vegetation furnished for food and drink. The composition of the atmosphere, its temperature, moisture, electrical condition, and thousand variable elements, organic and inorganic, coming, as it does, in almost direct contact with the blood in the lungs, necessarily exerts an unceasing influence, both in the promotion of health and the production of disease.

Even the food we require for sustenance, and the medicines for alleviating disease, are derived from the three great kingdoms of nature — the inorganic, the vegetable, and the animal.

Indeed, there is not a branch of either natural, physical, or mental learning which does not contribute something of importance to the superstructure of medical science. Even the instruments we use in exploring the organs for the diagnosis of disease, are exclusively the results of the application of the laws of mechanics and natural philosophy.

I have thus glanced, as rapidly as possible, at the nature and origin of legitimate medical science, for the purpose of impressing on your minds the important truth that the medical science of to-day is but a part of the great field of general science; to be acquired by the same patient study, the same mental discipline, and the same inductive processes of reasoning that we require for the successful study of any other department of human knowlege. It is not a mysterious something, that comes by intuition or hereditary descent, either to the seventh son of a seventh son, or to any reckless ignoramus, male or female, who chooses to assume the title of Doctor, and dabble with human health and life.

In truth, the science of medicine is but the selection and aggregation of such facts and principles from all the departments of human knowledge, as are calculated to aid us in understanding the structure and functions of the human system, with all the varied influences capable of affecting them, either in health or disease. The anatomy and physiology of man is only a part of the chemistry, anatomy and physiology of the organic world, vegetable and animal.

The materia medica, or, in other words, the materials for combating disease, is simply an aggregation of items from chemistry, botany, mineralogy, zoology, and general physics. While disease itself, instead of being a mysterious entity—a physical or imponderable something pervading the human organization, and capable of being driven about from tissue to tissue, or exorcised by charms, incantations, or the laying on of hands—is simply a deviation or departure of some structure or function from the natural standard of action, produced either by some one of the various agents acting through the air we breathe, the food and drink we take, or the mental impressions we receive, or by hereditary influence. And rational medicine consists in a clear conception, first, of the natural or healthy standard of structure and action; second, of the special direction and extent of the deviation from the natural in any given case of disease; and third, of the nature and action of such remedial agents as are capable of counteracting the unnatural deviation and aiding in the removal of its effects. The skill and success of every physician will depend on the extent and accuracy of his knowledge in these three particulars, and on the promptness and precision with which he selects and adapts the proper remedies to the nature and stage of progress in each individual case of disease. If he finds the deviation from healthy action to be in the direction of excess or excitement, he applies agents of a soothing and sedative nature; if in the direction of depression or debility, he aids the restoration by tonics; or, if in the direction of perverted action, he applies neutralizers and alteratives. In other words, he follows the ordinary teachings of common sense and rational induction, by soothing pain, repressing excitement, propping up debility, and correcting perverted action; instead of constructing a theoretical iron bedstead, in the form of some pretended panacea, therapeutic law, or special *pathy*, or *ism*, to which all patients and all morbid actions are to be fitted, *nolens volens*; whether such *bedstead* be represented by the shocks and baths of Electropathy; the ducklings and packings of Hydropathy; the infinitesimal sugar pellets selected by the rule of "*Similia similibus*" of Homœopathy; or the half dozen roots and herbs of the more vulgar, though not more absurd, "root-doctor."

The true physician is the enlightened handmaid and helper of nature, in the broadest and truest sense. The great object of his life is to comprehend clearly the deviations, the perversions, and obstructions, to which the various parts of the living human body are subject, and to be ever ready to bring some agent or influence to bear for counteracting the deviations and removing the obstructions. He does not play the part that some, eminent in our profession, and even occupying high positions, would fain assign to him. They not only exalt *nature* to something possessing the attributes of intelligent personality, if not Deity, but they also *personify* disease; and through all their writings runs the clearly expressed idea that the latter is in active combat with the former; as much so, indeed, as two armies marshaled in the field of physical strife. And their favorite position for the physician to occupy, appears to be that of a faithful sentinel, with a little reserve corps at his command, by the aid of which he is to ensure fair play between the combatants; and especially to see that *nature* does not become embarrassed during the fight by bad air, injudicious or insufficient food, and neglect of cleanliness; but in no case is he to violate the laws of neutrality by active interference in the combat. That I do not exaggerate or misrepresent the ideas that have come to us from the Bigelows, Forbeses, Holmeses, and other so-called conservatives, in modern medical literature, permit me to quote the following from an address of Dr. Gibson before the British Medical Association, in 1870. He says: "Diseases have, so to speak, a lifetime of their own, with its periods of growth, maturity, and decline. They are the passing tenants of the body, which they occupy often with great injury for a limited time. Treatment cannot change their nature, cannot expel them at once, cannot quench them,

cannot materially shorten or prolong their existence." Could language be chosen that would convey a more perfect idea of a living bodily entity, than we find here applied to diseases? They are not represented as mere morbid actions or perverted functions, induced by the undue impression of some exterior influence, but they are actual "tenants,"—living occupants, capable of growth, maturity, and decline. The physician may look on anxiously, and endeavor to prevent these occupants from breaking the windows, tearing down the partitions, or rooting up the foundations of the human tenement; but he can do nothing towards destroying the unwelcome intruders, or even hastening their departure.

Such doctrines are not only devoid of all foundation in the facts of science, but they have a most injurious effect on the progress of true rational medical practice. They are only the reproduction, in new phraseology, of the same ideas that were embodied by the ancients in their *vis anima*, *vis vita*, *vis medicatrix natura*, etc. They degrade the physician to the position of a gentlemanly looker-on, with here and there a word of advice to the nurse in regard to the hygiene of the sick-room, and perhaps a placebo for effect on the mind of the patient, while the latter patiently takes his chances for life or death in his unaided struggle with the "tenants" that have taken temporary possession of his clay tenement. Will some of the toil-worn practitioners in my audience, who have for years combated disease on the rich and beautiful prairies around us, tell me what kind of bodily existence is assumed by intermittent fever when it becomes a tenant of the human body; how long it continues to grow; what the duration of its sturdy maturity; and what the rate of its decline? Are you satisfied that you have never changed his complexion, or hastened somewhat his departure by a few doses of a suitable anti-periodic? Will any of you give me the same facts in regard to bronchitis, pneumonia, dysentery, cholera morbus, etc.? That we have some diseases which, like the eruptive fevers, run a definite course, we freely admit. This is not, however, because they have a bodily existence, but simply because they are produced by specific viruses, which, when once introduced into the blood, can be eliminated only slowly, and by the aid of certain morbid processes; and for the neutralization of which we have yet discovered no reliable antidote.

True scientific and rational medicine neither consists in placidly waiting to see how large a proportion of patients will finally get well without active medication, on the one hand; nor in blindly and heroically dosing every sick person, merely because they are sick, on the other; but in studying assiduously the causes and nature of every variety of morbid action, and the accurate and prompt application of such means as will remove or neutralize the causes, and lessen the intensity and duration of the morbid actions.

Actuated by such a purpose, his practice neither becomes amenable to the charge of being a "meditation on death," nor the work of a blind man with a club, striking at random, and hitting the patient or the disease, as simple chance may dictate; but he is stimulated to constant activity in the acquisition of new facts and principles, and the more accurate adjustment and use of those already acquired. His mental vision, instead of becoming narrowed to the limits of a special dogma or ism, is constantly enlarging its scope, more clearly defining the relation of its facts, and more accurately applying them to the great work of ameliorating human suffering, and prolonging human life. He not only lays under contribution every department of human knowledge, either for facts or materials with which to prosecute his noble work, but his clear perception of the need of more facts and materials, makes him in turn one of the most active and successful cultivators of the very sciences that he has laid under contribution for the benefit of himself and his patients.

This is the reason why, in all ages, members of the medical profession have been among the most active and eminent cultivators of every department of physical and mental science.

Having glanced at the nature of medical

science, and the art or practice, so far as it relates to the treatment of disease, I should come far short of doing justice, did I omit to allude to another and perhaps even nobler application of our science.

It is a great and beneficent work to alleviate suffering by lessening the intensity, shortening the duration, or curing disease; but it is a more desirable, if not nobler work, to prevent its occurrence. Hence the application of the truths of our science to the construction of hygienic and sanitary measures, by which not only individuals, but whole communities, are protected from the operation of causes that would otherwise induce annually millions of cases of disease and thousands of deaths, constitutes one of its most gratifying achievements — achievements, indeed, which constitute a broad line of distinction between legitimate medicine and all the various special systems and pathies that have existed from the days of Paracelsus, who died with his boasted Elixir of Life in his pocket, to the present time. Who can tell how many lives have been saved, and how many fair faces have been kept free from the pits of small-pox, during even the last twelve months, by the well-known discovery of Jenner? Who can tell how much human suffering has already been prevented by the discovery and application of anæsthesia by Wells, Jackson, Simpson, and their co-laborers? Or who can compute the grand total of sickness and mortality in the great cities of the world, prevented by the application of the facts and principles of medical science to the work of drainage, ventilation, disinfection, etc.? If any wish to test their mathematical skill, let them compare the ratio of mortality of London, before the great fire of 1666, with that of the London of to-day. And when they have figured up even the column of lives saved in that city alone during the last two centuries, let them apply the same estimate to all the densely-populated cities of the civilized world. And yet, what a field is here still open for extension and improvement! Indeed, all that has been accomplished in sanitary science, or preventive medicine, is only the beginning of a work now in its infancy. The further application of known facts and principles to the sanitary improvement of cities; the extension of the same principles to the selection of the site and the construction of every farm-house in the country; and the further discovery of the causes of diseases and their antidotes, both in and out of the human body, by the aid of organic chemistry and the microscope, are all open fields of professional labor, the future results of which will make the work already accomplished appear, to future generations, as only the small drops that herald the coming of the copious and refreshing shower.

And yet, this whole work of sanitary improvement springs directly and logically from the intimate connection between legitimate medicine and the collateral sciences. It is that connection which developes clearly and fully the intimate relation of man, as a physical being, to the physical agencies that surround him; and the same inductive processes of reasoning that we have indicated as governing the application of remedies to the treatment of diseases, necessarily suggest the importance of their prevention by a removal of the causes by which they are induced. But what kind of sanitary measures for the prevention of disease have ever sprung from the study of any of the various special systems or pathies that have either blessed or cursed the human race? Where are the systems of sewerage, cleanliness, water supply, ventilation, etc., on which so much of the health and comfort of all modern densely-populated towns depend, which have been devised by the disciples of Electropathy, Hydropathy, Eclecticism, and Homœopathy? Indeed, what kind of sanitary measures would be logically suggested by the so-called great therapeutic law of Hahnemann, "*Similia similibus curantur*"? Surely not by sewers, disinfectants, and pure water, for that would be acting on the law of contraries. Would it not be by attempting to cure one foul air by bringing in contact with it another as near like it as possible? One bad odor by another closely resembling it? I have alluded to these isms and pathies, not

that they are deemed of sufficient importance to elicit opposition, but simply to illustrate more clearly the true character of legitimate medicine. They have always existed in some form, and will probably continue to exist so long as there are erratic minds in the human family. Parallel excrescences exist in every profession and human calling. The honorable profession of Law has its pettifoggers and shysters; and that of Theology has its erratic off-shoots of every grade; and all find followers. Even the infidel, who is so credulous as to believe that this world, with the evidences of intelligent design inscribed upon every rock, murmured from every brook, exhaled from every opening flower, whispered from every fiber of his own organization, and thundered from the starry sky, has no other creator than blind Chance, has plenty of followers. The true science and art of medicine has nothing to fear from such off-shoots. With its facts and principles culled from every department of general science, its progress and expansion will move on, as they have hitherto moved, *pari passu* with the advance in other departments of learning, always quickened by the instinctive desire to sieze upon every fact and influence that can be made available for the relief or prevention of human suffering.

If I have made myself understood by this intelligent audience, in regard to the nature of medical science and practice, and its intimate relations to the individual and social interests of man, I trust there is not one of you who will longer look upon the profession as a mere trade or calling by which a class of individuals gain a respectable livelihood, but you will appreciate and foster in every proper way its advancement to the more perfect accomplishment of its high and beneficent purposes. Not only smile on its votaries when they stand by your couch of pain, or with manly courage brave the pestilence while all others quail or flee, but see to it that every obstacle to the advancement of the science and the complete education of the profession is removed. By just laws provide for the legal study of human anatomy; by a wise and liberal economy encourage every intelligent effort for the sanitary improvement of communities, and by a still more liberal policy see to it that your sons who study medicine have the advantage of that thorough mental discipline and development that a liberal education alone can give. And you, brethren of the profession, falter not in the work of your great mission, but continue to mingle in your social capacities; continue to foster friendly intercourse and mutual improvement, ever remembering that the great end of life is to do good, and that he is the noblest hero who does most to leave the world better than he found it.

THE BRUIT DE DIABLE, OR ANÆMIC MURMURS.

A LECTURE BY DR. A. DUCHEK, PROF. OF GENERAL PATHOLOGY IN THE UNIVERSITY OF VIENNA.

(From Notes by Karl Warlik.)

There are to be found murmurs in the heart and the veins, which do not arise from any substantial organic changes in the heart or vessels, as for instance in men and animals exhausted by loss of blood and attendant anæmia. In the same degree as the loss of blood and the paleness of the skin proceed, these murmurs appear in the heart and the veins of the throat. In severe cases if we touch the jugular vein with the finger we perceive at once a continued vibration like that of a string. On pressure on the upper part of the jugular vein, both the perception of the vibration and the acoustic evidence of a murmur disappear, proving it to be merely venous.

The formation of the heart sounds is modified by two circumstances: the condition of the valves of the heart and the vessels on the one hand, and the pressure produced by the blood stream upon them on the other. As we have in such cases of anæmia no symptoms permitting us to diagnose changes in the vibrating mediums, we are induced to seek for the origin of these sounds in the causes themselves which produce vibration, viz., the pressure of the blood. In the disorders attended by these murmurs (as anæmia, chlorosis and loss of blood), the propulsive power of the heart is unchanged, but its contractions are

more frequent, while the blood is either diminished in quantity or weakened in quality. The pressure exercised by it in the circulation is also diminished, so that the impulse given by the blood column is not sufficient to develop in the valves, or in the arterial walls, the amount of tension necessary for the formation of the sound, which under normal circumstances makes its appearance in these vibrating mediums, but in these cases is lowered into the acoustic impression of a murmur.

In this way we explain the origin of the murmurs in the heart. It is more difficult, however, to trace its cause in the jugular vein. Some have attributed it to the arteries, but this is contradicted by its disappearance on pressure on the jugular vein, as well as by its continuity. These sounds are modified in two ways. They grow stronger at regular intervals, being reinforced by the sounds of the carotids; we call these *moments of reinforcement*. Secondly, the murmurs are increased or diminished according to the force and rapidity of the respiration.

In the heart we attribute all sounds and murmurs to the action of *vibrating membranes*. But for these murmurs in the veins we cannot suppose that they are caused by a *whirl* of *blood*, nor by the pushing of the blood stream against a narrow entrance. Behind the insertion of the sterno-cleido-mastoideus the jugular vein is wider than elsewhere, forming the bulbus, and beneath this bulbus, in the narrowest part of the vein, are valves. These valves have a most important influence upon the entire circulation. If the pressure in the thorax is too great they are approximated and thus oppose the further entrance of the blood. The part of the veins above them becomes, consequently, dilated just as in cases of stagnation in the heart, the jugular vein is distended and the jugulum grows gradually more shallow.

The venous murmurs then arise from the vibrations of these valves caused by the impulse of the blood. When the blood flows slowly the impulse is too weak and no murmur is to be heard. The murmur arises when the valves are half opened and put into vibration by a sufficient rush of the blood.

Another peculiarity is to be noted. The bulbus is attached to the clavicle, behind the sterno-clavicular articulation, and thus being stretched out, the flow of blood is facilitated. If the pressure in the thorax is increased by valvular failures, emphysema of the lungs, etc., the stream flows slowly, and therefore we do not find these murmurs attending disorders of the intra-thoracic organs. Another consequence of this fact is, that these murmurs disappear in anæmic persons when they become affected by pneumonia or exudative pleurisy, reappearing again however on recovery. The two necessary requisites then, for the production of the murmur are a speedy circulation, and a normal pressure of blood in the thorax.

This view also affords us an explanation of the fact of the murmurs growing stronger when the respiration is more hurried. The thorax being strongly dilated, the blood rushes into it in more forcible currents, thus strengthening the acoustic impression. When the respiration is impeded, or is forced, the circulation loses the necessary rapidity, and the vibrations become inaudible.

These murmurs are very rarely to be found in connection with mechanical changes in the heart. They accompany similar murmurs at the aorta, which are always systolic, never diastolic. They may perhaps be diastolic in the most severe disorders of this kind, where it is impossible to distinguish whether there is only one continued murmur, or whether the systolic and diastolic murmurs meet and run into one another.

GRANULATIONS OF THE CONJUNCTIVA TREATED BY ELECTRICITY.—Two methods of treating granulations of the lids by electricity, are noticed. Dr. Kohn, of Berlin, employed a battery of one element. Having protected the eye with Jaeger's plates, he placed the heated platinum wire on the eyelid. Dr. Schivardi employed a Bunsen battery of two elements. The negative pole is applied to the inverted surface of the upper lid by means of a buttoned sound. The positive pole is applied to the nucha by means of a sponge saturated in salt water. The session is of about ten minutes duration. Remarkable success is claimed.

THE
MEDICAL EXAMINER.
A Semi-Monthly Journal of Medical Sciences.
EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, June 1st, 1872.

EDITORIAL.

In our sketch of the doings of the recent meeting of the Illinois State Medical Society, we have aimed to give only such items of practical interest and value as were developed in the papers and discussions, without regard to the general miscellaneous business of the session. The length of the report crowds out all our intended editorial matter for this number. The following officers were elected for the ensuing year:

President, Dr. D. W. Young, of Aurora.

First Vice-President, T. D. Washburn, of Hillsboro.

Second Vice-President, F. C. Hotz, of Chicago.

Assistant Secretary, Dr. R. D. Bradley, of Bloomington.

The next annual meeting is to be held in Bloomington on the third Tuesday in May, 1873.

Clinical Reports.

REMOVAL OF THE INFERIOR MAXILLA FOR MALIGNANT EPULIS: A CLINICAL LECTURE IN COOK CO. HOSPITAL, BY PROF. J. W. FREER.

REPORTED BY L. CURTIS, M.D.

Professors Gunn, Powell, Lyman, Dr. Owens and others, were present as assistants. Every precaution had been taken to ensure the success of the operation. A charcoal furnace was placed within the amphitheater, in which were heating cauterizing irons for use in case of troublesome hemorrhage.

After all preparations had been made, the patient, a man of about sixty years of age, though appearing much older, was led in. He was emaciated and pale, and appeared exhausted by his exertions in walking into the room. A mottled red and gray tumor projected from the mouth, across which the distended lower lip was tightly drawn. On the entrance of the patient, the Professor commenced his remarks:

"*Gentlemen:* We have here a peculiar case. One would think on superficial examination that it was a disease of the tongue. I thought so myself when I first saw it. But if we look into the mouth, we shall find the tongue to be intact. It is even tipped a little back by the crowding of the tumor. This tumor commenced four months ago as a little spot on the gums, and below the teeth. It is called epulis. An ordinary epulis generally does not involve more than three or four teeth. The periosteum is first involved, the bone secondarily. The gum has a spongy appearance, and rises up between the teeth, crowding them out of their sockets, and they appear on the top of the tumor. If the tumor is removed with a part of the alveolar process, the disease is arrested. Anyone can do it, almost.

"Sometimes, however, it takes on the character of a malignant growth. Paget speaks of it as recurrent fibroid. In Erickson's Surgery it is called malignant epulis. This is the kind of tumor we have here. It is endangering the patient's life, and has already occasioned severe dyspnœa. If left to itself, he could only live a few days. The operation for its removal is a severe and dangerous one; but I am ably supported, and the patient consents. I have told him the danger; but he says that if he dies it will be over. I would not consent to operate, however, if not so ably supported. We do not intend to let the patient die under the knife.

"The dangers are manifold, the principal of which is hemorrhage. The tumor has grown so fast that it is exceedingly vascular. We shall remove the lower jaw. If we do this, we encounter another danger. The muscular connections of the tongue, the genio-hyo-glossus, etc., are severed, and the tongue is liable to drop back, close the epiglottis, and cause the death of the patient by

suffocation. Accordingly, we pass a ligature through the tongue before commencing. Operations of this kind cannot be performed rapidly; we must proceed with caution, and arrest hemorrhage as we go."

The patient was then put under the influence of ether. Some difficulty was experienced in passing a ligature through the tongue; it was accordingly seized with a tenaculum.

An incision was made, commencing just below the ear on the right side, following the lower border of the jaw; the facial artery was divided and tied; the face was then turned in an opposite direction, and a similar incision was made on the left side; the masseter muscle was divided; the chain saw, by means of a stout, well-curved needle, was passed under the ramus of the jaw; and the ramus was sawed off just below the articulation.

The Doctor remarked that he had taken special pains to avoid the facial nerve, an important point, mention of which was neglected in the books. The books say, Make a free incision as high as the articulation. He would have carried the incision no higher, even if he had been going to disarticulate the jaw, for it was not necessary.

The incision was then carried around the chin, and was met by another incision, dividing the lip perpendicularly; the left cheek was then dissected from the bone; the tongue was reached, and a ligature was passed through its tip; the face was then turned to the other side; the masseter muscle was divided; the chain saw was passed under the ramus; and the bone was sawn through as it had been done on the previous side.

An attempt was made to dissect the jaw out entire; but the fragile bone broke near the symphisis, and the pieces were taken out separately. On the removal of the pieces of bone, the tissue under the tongue was found to be much indurated. In the attempt to remove some of this indurated tissue, quite a large artery was divided and ligated. It was found impossible to remove all of this indurated tissue, and the actual cautery was applied. The tongue was fastened to one of the incisor teeth by means of the ligature; the divided lip was united by hare-lip-pins; and the remainder of the wound by sutures.

The bone was found, on examination, to have been involved in the tumor, and to have been almost completely eaten away by it, from the right of the symphisis nearly to the angle of the jaw. The disease extended also along the alveolar process, lifting the teeth up and loosening them, nearly to the angle on the right side.

In conclusion, the Professor remarked that if it were not for the malignant disease, the operation would not occasion much disfigurement to the patient. The bone would be replaced by tough fibrous tissue, which would preserve the form of the face very well.

With regard to the tongue, at present it would be unsafe to leave it without its being secured; but if the patient lived, the muscles would form attachments, and it could be released, and he could use it in a few days.

The patient reacted well, experiencing but little if any more shock than from an ordinary thigh amputation in the lower third.

Gleanings from Our Exchanges.

On the Early History of Calculous Disease, and the Treatment Best Adapted for its Prevention.—Sir Henry Thompson publishes a lecture on this subject, of which we give an abstract. He commences by saying that "all calculi are of local or of constitutional origin. By 'local,' I mean formed by disease in the bladder, and not depending upon any constitutional conditions; by 'constitutional,' I mean formed by some vice in the system." The large majority of stones are of constitutional origin. Of these, by far the largest proportion have uric acid for their bases; a few have bases of oxalate of lime; and still fewer have phosphate of lime for bases; therefore, the practical problem is to prevent the formation of uric acid calculus.

He has found that the case almost invariably is that either calculus, or gravel, which is the same thing, or gout, and most commonly the latter, has existed in the preceding generation.

The first sign of this condition is the persistent, or, at all events, the frequent, depo-

sition of a pinkish matter at the bottom of the vessel on cooling; or, the urine may be merely cloudy when cold. This is only a deposition of salts from a warm solution on cooling, which will be redissolved on warming the liquid again.

Such a deposit may occur occasionally in the most healthy person, in consequence of some error of diet. It is only when it is of frequent occurrence that it is of any consequence. But if the patient, without any error of diet, habitually passes this kind of urine; if in time there is a manifest deposit of uric acid in the bottom of the vessel, looking like particles of cayenne pepper, then there is no doubt about the tendency to the production of uric acid. This deposit consists of crystals of uric acid. They may be passed almost daily, or at intervals; and at such times the patient may experience pains in the back, and great discomfort, and may then be said to have an attack of sand or gravel.

This condition is produced by the same cause as gout, and may alternate with it.

The treatment that is generally employed for these cases is the administration of alkalies when acids are deposited; if alkalies are present, acids are given. Such treatment may give temporary relief, but will not permanently benefit the patient.

At this point he makes a digression, and speaks of the pathology of the disease. He considers that the origin of gouty symptoms, as well as superabundant uric acid deposits in the urine, is due to defective assimilation of organs associated with or forming the primæ viæ. At the bottom of all this there often lies what is commonly understood by inactivity or torpidity of the liver, whatever that may be. The *rationale* of the trouble he considers to be that the liver, or some allied organ, does not do its duty; consequently, more work is thrown upon the kidneys; and thus the solid matters of the urine, or rather some of its ordinary constituents, are augmented.

Hence, the treatment which he recommends is "to employ such agents as will stimulate the primæ viæ without depressing vital power." A powerful agent for this purpose is mercury; and relief for such symptoms may be obtained by occasional small doses of that drug. But the means which he particularly recommends on account of their superior safety and efficiency, are mineral waters which contain large proportions of sulphate of soda. For this purpose the artificially prepared waters will not do. The natural waters must be used, or the result will disappoint our expectations.

The medicine which he considers next in efficiency, when the mineral waters can not be obtained, is Glauber's salts.

In regard to diet, he prohibits, or allows in very small quantities, alcohol, saccharine, and fatty matters.—*Lancet.*

The Lung Test.—M. Poucet showed, at a meeting of the Lyons *Societe des Sciences Medicales*, the lungs of a fœtus prematurely born. The child had cried, breathed, and lived an extra-uterine life of ten hours; but the lungs sank completely in water, as if no respiration had taken place. Other cases of the same kind have been related by other observers, showing the insecurity of the lung test in forensic medicine.—*Lancet.*

Benzine in Whooping-Cough.—Dr. Rottard says that benzine internally administered in from 10 to 20 drop doses, is the best remedy yet mentioned in whooping-cough. It may be used either alone or in connection with aspirations of the vapor.

Treatment of Enterosis.—Sponging the lower part of the spine before going to bed is said to have greatly benefited this troublesome complaint in children, when all other treatment had failed.

Society Reports.

ABSTRACT OF THE PROCEEDINGS OF THE ILLINOIS STATE MEDICAL SOCIETY, AT THE ANNUAL MEETING, MAY 21-22, 1872.

(*From Notes by the Editor.*)

The members of the Society assembled in the hall at Rock Island on Tuesday morning, May 21st, and were called to order by the President, Dr. J. O. Hamilton, of Jeseyville, at 10.30 o'clock a.m.

After prayer by the Chaplain, and the report of the Committee of Arrangements on the registration of members, Dr. Gregg, Chairman of that Committee, welcomed the members to the hospitalities of the city, in a very appropriate address.

The list of Standing and Special Committees was then called; and out of five Standing Committees only one, that on Drugs and Medicines, was prepared with a regular report. Of the nineteen Committees on special subjects, appointed at the previous annual

meeting, five only announced their readiness to report. Volunteer papers were offered by Drs. E. L. Holmes, A. L. McArthur, and F. C. Hotz.

Dr. T. D. Washburn, one of the Committee on Practical Medicine, presented a paper which he had designed as part of the report to be made by the Chairman of that Committee. Although so small a proportion of the Committees reported, yet the number of reports and papers read was sufficient to occupy the attention of the Society closely for two days.

On motion of Dr. D. W. Young, a resolution was adopted declaring that no reports or papers should be referred to the Committee on Publication, except such as are written out in full and ready to hand to the Secretary when read to the Society.

Dr. S. P. Breed, of Princeton, read a lengthy report on the subject of "Organic Dynamics," referring more particularly to the cerebro-spinal and organic systems of nerves.

He claimed that all dynamic force originated in the organic cells; that the cells of vegetable organization receive and correlate the caloric, light, and electricity into organic force; and that the nerve cells derive their force from the vegetable cells. He likened the nerve cells to galvanic batteries, and the nervous cords to the conducting wires. It was stated that every difference of function implied a difference in structure; that no two cells were alike; or that the cells of the brain of no two individuals of the same family or species were alike; and consequently they could not think alike.

It was claimed by the writer that cells, while developing, absorbed force, and gave it out only in the process of dissolution. This highest type of cell development was the *ideational* cells of the cerebrum, which in their dissolution evolve the phenomena of mind. The report closed with the detail of some cases of disease intended by the writer as illustrations of his previously developed theories. The report was referred to the Committee of Publication without discussion.

Dr. J. H. Hollister, of Chicago, Chairman of the Committee on Drugs and Medicines, read his report, which was one of much practical importance. He referred briefly to the importance of pharmacy, and its recent progress, and then proceeded to show the nature and extent of some of the more important adulterations and sophistications of drugs. He also presented, as a part of his report, a short paper by Dr. A. Niles, of Quincy, a member of the Committee on new Remedies. The report fully sustained the fact, already well known, that many of the most important articles of the materia medica are so extensively adulterated, as kept in many of the drug stores in all parts of the country, that great care is required on the part of the practitioner to avoid impositions and consequent disappointment in the effects of his remedies. The principal new remedies referred to were the bromal hydrate as a substitute for chloral hydrate, in cases requiring prolonged anæsthesia; the bromides of quinine and morphine in the treatment of neuralgia and diabetes; phosphide of iron in cases requiring more phosphorus in the system; and pepsin as obtained by macerating fresh rennet in glycerine. In the discussion which followed the reading of the report, Dr. E. Andrews, of Chicago, spoke of the great importance of drug adulterations, and related some instances of importance coming under his own observation in Chicago. He suggested, as the most efficient remedy, the active examination of the more important drugs in every market, and the prompt exposure of all clearly ascertained adulterations, through the columns of the public press.

Dr. D. Prince, of Jacksonville, made some inquiries in regard to the bromo-chloralum, and stated that he had used it in a number of cases, and thought it entirely useless.

Dr. E. R. Travers had used the bromo-chloralum in a case of cancer, to correct the fetid character of the discharge, but found it worthless.

Dr. D. W. Young, of Aurora, said, in reference to the subject of adulterated and worthless drugs, that physicians might do much to remedy the evil by greater care and discrimination in the bestowal of their patronage. He suggested that physicians in all

the more populous towns and cities should club together and procure the establishment of drug stores exclusively for physicians' prescriptions, in which nothing but drugs selected specially for filling prescriptions should be kept.

The report of Dr. Hollister was referred to the Committee of Publication.

The report of Dr. C. W. Earle, of Chicago, Special Committee, on the recent advancements in physiology, was presented by the Secretary, the author not being able to attend the meeting. The report was received, and referred to the Committee of Publication.

Dr. E. L. Holmes, of Chicago, presented a short volunteer paper on the "Diagnosis and Treatment of Iritis." He stated that the existence of a certain grade of iritis was often overlooked, from the absence of well-marked symptoms. In such cases, he said, a drop of solution of atropia in the eye, causing dilatation of the pupil, would cause the irregular margin of the dilated pupil to be easily recognized. He recommended iridectomy as an important means for relieving inflammation and abscess of the cornea. He alluded to the use of calomel as a local application in chronic inflammation, involving the conjunctiva; and while admitting its beneficial effects, cautioned against its application while the patient was, at the same time, taking the iodide of potassa internally; the latter being capable of impregnating the tears, and entering into chemical combination with the mercurial, and thereby causing severe pain, with increase of the inflammation. A case of aneurism, or pulsating tumor of the orbit, was referred to, in which the use of veratrum viride was tried, which materially lessened the tumor, but failed to effect a cure. It was then injected with a solution of per-sulphate of iron, with entire success. He also related two cases of acute mania following operations for cataract. Both cases commenced about three days after the operation, and continued several days. The question of chief interest was whether the mental derangement in such cases was due to the atropia used locally for dilating the pupil?

Dr. D. Prince, of Jacksonville, stated that a case had occurred under his observation in which a single drop of the atropia, applied to the eye for the purpose of making an examination, was followed by insanity of three days duration.

Dr. J. H. Hollister related a case of chronic conjunctivitis, which was rapidly cured by the application of an ointment of the biniodide of mercury to the outside of the eyelids.

EVENING SESSION.

The meeting was called to order at 7.30 p.m., the President, Dr. J. O. Hamilton, in the chair.

The Secretary announced the names of the Committee on Nominations.

Dr. F. C. Hotz, of Chicago, presented and read a paper on the use of sulphate of quinia as a local application in the treatment of vascular cornea, pannus, and granular lids, including the detail of several cases illustrating the effects of the remedy.

He stated that dry quinine dusted on the conjunctival surface of the lids twice each day, pretty uniformly resulted in a rapid improvement of the condition of the cornea; but that it had no effect on the granulation of the lids. The first applications were generally productive of moderate pain, but which became less at each repetition. In only one case did he find the irritation such as to require a discontinuance of the application. It was well borne in many cases of conjunctivo-corneitis, in which the application of sulphate of copper could not be tolerated. The cases most promptly and fully relieved by the local application of the quinine, were those of pannus, and moderate inflammation of the cornea, without any accompanying granulations on the lids.

Dr. D. Prince remarked that quinine had been used as a local application to almost every variety of ulcer. He thought it acted as an astringent, diminishing the caliber of the inflamed vessels.

Dr. E. L. Holmes stated that his trials of the use of quinine as a local application had resulted generally in improving the condition of the cornea, but in no case had had any effect on granulated lids.

Dr. Blackman regarded the internal use of quinine very beneficial in most cases of chronic conjunctivo-corneitic inflammation.

Dr. Crawford expressed the same opinion concerning the importance of quinine as an internal remedy.

Dr. E. P. Cook thought the internal use of quinine and tonics chiefly beneficial in the ill-fed class of patients.

Dr. D. W. Young stated that he had used quinine as a local application in the treatment of gleet, with more benefit than any other remedy. He generally used a solution of 8 grains to the ounce of water.

After some remarks by Dr. N. S. Davis on the different varieties of conjunctival and corneitic inflammations, and the variations of treatment required, the paper of Dr. Hotz was referred to the Committee of Publication.

Dr. E. R. Travers, of Amboy, Special Committee on Dystosia, read his report, which was chiefly devoted to the subject of "Labors rendered difficult from fault in the soft parts, as distinguished from those rendered difficult either by defects or deformities of the bones of the pelvis, or in the fœtus.

Rigidity of the os-uteri was represented as one of the most frequent causes of dystosia. To produce relaxation, and thereby facilitate the progress of labor, he recommended nauseating doses of tartrate of antimony and potassa; and in cases of unusual persistence, the incising of the os, either laterally or anteriorly.

He related a case in which there was both unusual rigidity and hyperæsthesia of the os, and which resisted the influence of tartar emetic, chloroform, and other remedies, and which in its progress became complicated with convulsions. The os was then freely incised, and an attempt made to deliver with the forceps; but failing in this he resorted to craniotomy.

In commenting on this paper, Dr. Prince stated that tartar emetic as a remedy for relaxing the os in labor, had been abundantly tried and very generally abandoned as liable to induce troublesome vomiting and excessive prostration. He thought chloroform a far more efficient and and less objectionable remedy.

He related an interesting case of pregnancy in a woman who had a great degree of hypertrophy and induration of the os and cervex uteri, from long-continued prolapsus. She had suffered much delay and injury in a previous confinement; and knowing from the condition of the tissues that the same suffering would result again unless averted by some interference, it was determined to attempt a full control of the subsequent labor. About two weeks before the expected labor, proper measures were taken to bring on labor prematurely by dilating the os. This succeeded in soon inducing regular and efficient labor pains, with firm pressure of the head of the child on the unyielding os. A free lateral incision was now made through the dense structure of the os and cervex, and the labor completed with entire safety to both mother and child. Dr. Prince thought incising the os comparatively free from danger, but necessary in only a very small number of cases.

Dr. D. W. Young thought neither incisions nor premature labor should be practiced except in extreme cases.

Dr. T. D. Fitch had never had occasion to incise the os, or to give tartar emetic in labor. He thought, when rigidity of the os existed, or the occurrence of convulsions made speedy delivery necessary, chloroform much the best remedy. If it fails, incision of the rigid os might be necessary, and should always be lateral. He said more attention should be given, in retarded and difficult labors, to malpositions of the os. It was often found pressed backward into the concavity of the sacrum, or anteriorly over the pubis; and required judicious manipulation to place it in the right direction compared with the axis of the pelvis.

Dr. P. Gregg stated that he had attended over 1800 cases of labor, but had never had occasion to incise the os. He thought there was at the present time too much disposition to cut and pull the womb about. He asked what would prevent the incisions from being torn up further during the strong contractions of the uterus in expelling the child?

Dr. D. Prince replied that the circular fibres of the uterus at the full term of pregnancy were very strong, and did not lacerate. But practically the incisions made for relieving rigidity of the os, did not reach the body of the uterus, but were limited to the tissues belonging to the os and cervex.

Dr. H. VanDusen, of Mineral Point, delegate from the Wisconsin State Medical Society, spoke of the value of opium judiciously used, to procure rest first, and subsequent relaxation, in difficult labors.

After some further remarks from Dr. Travers, the Society adjourned to 8.30 a.m.

WEDNESDAY MORNING SESSION.

The meeting was called to order at 9 a.m., the President, Dr. J. O. Hamilton, in the chair.

Dr. E. Powell, of Chicago, Special Committee on the Transplantation of Cuticle, read his report.

From the trials he had made, he regarded it as quite certain that many large ulcers can be made to heal or cicatrize by the aid of transplantation, which would not heal without it; and others can be made to cicatrize much faster. It was also stated that the new skin formed by this process was less sensitive and more firm than when cicatrization takes place without it. He recommends first cleansing the surface of the ulcer with a solution of carbolic acid; then strip out a bit of healthy skin or cuticle, cut it into small pieces not larger than millet seeds; superficially incise the surface of the ulcer, and sprinkle the bits of cuticle over it, and cover it with adhesive plaster. He leaves it undisturbed for three or four days. On removing the plaster at the end of that time, little red points and islands of new skin will be seen on the surface of the ulcer, which in a few days more are found to be so many points of increasing cicatrization.

Dr. E. Andrews stated that he had seen some quite large pieces of cuticle adhere when applied in the manner described by Dr. Powell. He said in one case the integument used was kept in a vial two hours after it had been removed before it was sprinkled in the ulcer, and yet it succeeded well. He also referred to a case in which a large gap in the substance of a bone refused to heal for a long time. He paved the bottom of the ulcer with bits of skin one-eighth of an inch in diameter, with entire success.

Dr. E. Powell stated that he had several times tried the method of Dr. Hodge, which was to sprinkle on the surface of the ulcer the mere scarf-skin or cuticle scraped from the surface, but had never made it succeed. This report was referred to the Committee of Publication.

Dr. P. Gregg reported verbally a case of vesico-vaginal fistula, in which there was very extensive loss of substance, consequent on injury to the soft parts during a tedious labor. This first operation for closing the opening succeeded in reducing its size about one-half. The second operation resulted in the closure of all but a small aperture; and the patient could retain a small quantity of urine at a time, and pass it through the urethra. In these operations it had been found necessary to so include the neck of the uterus that the os was turned into the bladder. As the general health of the woman was bad, he deferred any further operative procedure for a few weeks, to allow time for improvement.

Little more than two months passed, and he was called in haste to the patient; and very much to his surprise found she had had a miscarriage, having expelled a fœtus of six or eight weeks process. That impregnation should have taken place through a small aperture in the vaginal wall, and still more, that such aperture should have dilated so as to allow the fœtus to escape through it, he regarded as very remarkable.

After her recovery from the abortion, Dr. Gregg again operated on the fistula, and succeeded in effecting an entire closure, leaving the os uteri within the bladder. She recovered good health, and ever after menstruated regularly through the urethra.

Dr. S. K. Crawford, Special Committee on Criminal Abortions, read his report. Nothing new was developed concerning the subject; and the report was referred to the Committee of Publication.

Dr. T. D. Washburn, of Hillsboro, a member of the Standing Committee on Practical Medicine, presented and read the paper that he had designed to constitute a part of the report of the Committee. It related, chiefly, to the topography and diseases of Montgomery County; and was referred to the Committee of Publication.

Dr. A. L. McArthur, of Rockford, read a volunteer paper on the "Formation of Bone." The paper evinced much thought and research, referring to most of the experiments and observations made in this country concerning the reparation and reproduction of bone.

His conclusions were, that bone is capable of being reproduced from periosteum, from the medullary substance or marrow, from the cancellated structure, and even from the inherent formative powers of the system, without the presence of either periosteum or any part of bone. The paper embraced a brief history of four cases illustrating the subject under discussion.

A discussion followed the reading of the paper, participated in by Drs. Hamilton, Truesdale, Young, VanDusen, Crawford, Prince, and Fitch. The cases related were interesting, but no new items of practical value were developed. The paper of Dr. McArthur was referred to the Committee of Publication.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

At the first regular meeting of the "Chicago Society of Physicians and Surgeons," on May 1st, Dr. Trimble being temporary Chairman, the Constitution and By-Laws, as presented by the Committee appointed to draft the same, were formally accepted. The Constitution providing that its membership should consist exclusively of "graduates of some respectable, regular school of medicine possessing a good moral and professional reputation," only such were allowed to unite for the object contemplated. The Committee appointed to correspond with the Chicago Medical Society, reported by presenting the letter forwarded to that body, informing them of the organization and standard of membership of the Society of Physicians and Surgeons, their adhesion to the Code of Ethics of the American Medical Association, the object of the institution of the Society, and asking for sympathy and encouragement. The report of the committee was accepted. Dr. A. R. Jackson then read a report of the removal of a fibroid cystic tumor from a female, accompanying it with specimen of the same. The following officers were then elected for the current year:

Dr. D. B. Trimble, *President.*

Dr. W. C. Lyman, *Vice-President.*

Dr. J. N. Hyde, *Secretary and Treasurer.*

Drs. McKennan, Emmons and Jackson, *Censors.*

The second regular meeting of the Society was held in the parlor of the Chicago Orphan Asylum on Michigan avenue, May 27. The minutes of the preceding meeting were approved. Drs. D. D. Thompson, of Geneva, 1844, and Dr. P. S. Hayes, Rush, 1872, were proposed in writing for membership and their names referred to the Censors. Dr. Lyman read a report of cases of cerebro-spinal meningitis, which was subsequently discussed by the Society. Some pathological photographs were then exhibited to the Society by Mr. John L. Gihon of Philadelphia, through the graphoscope, and received the thanks of the Society for the same.

Dr. Hyde gave notice of the reading of a paper on "Syphilitic lesions of the Viscera," after the continuation of the discussion on cerebro-spinal meningitis, which was deferred to the next meeting, and the Society adjourned. J. N. HYDE, M. D., *Secretary.*

DOCTORS IN RUSSIA.—We find from an official report that last year there were 10,000 doctors in Russia. Of this number 6,113 held public appointments, and 4,686 confined themselves to private practice. This gives only about one doctor to 7,182 of the inhabitants, basing the calculation on the most recent returns of the population. We know of districts in Russia where there is no doctor within less than a day's journey, and in some parts it is probable that there is still greater difficulty in obtaining medical aid.—*Doctor.*

Original Communications.

THE PROPER CLIMATE FOR CANCEROUS AND CONSUMPTIVE CASES.

BY EDWARD ANDREWS,

Prof. of Surgery in Chicago Med. College.

Some years ago, I called the attention of the profession for the first time to the fact, that there is a distinct climatic cause of cancer, and that it prevails most in precisely the same regions with consumption. I based this conclusion on calculations from the figures in the volumes of Mortality Statistics of the U. S. Census of 1860.

Having recently received advance sheets of the forthcoming Census Report of 1870 I have repeated this investigation with full confirmation of the same discovery. In brief, the law of latitude and of proximity to the sea, long known as affecting the prevalence of consumption, and first clearly enunciated, I believe, by the Surgeon General of the U. S. Army, applies in full force to cancer, as the subjoined figures will show. The law may be stated as follows:

1. Consumption and Cancer prevail most near the sea, and diminish as you recede from it.

2. At equal distance from the sea they prevail most at the north and diminish as you go south.

Thus if you begin at Massachusetts and go westward, the proportion of deaths from consumption to deaths from all causes diminishes regularly as you recede from the Atlantic. Here are the figures:

Deaths from Consumption.

Massachusetts,	25 per cent.
New York,	20 " "
Ohio,	16 " "
Indiana,	14 " "
Illinois,	11 " "
Missouri,	9 " "
Kansas,	8 " "
Colorado,	8 " "
Utah,	6 " "

Then if you go down to California it increases to 14 per cent in consequence of the proximity of the Pacific Ocean.

The same decrease is observed if you go from north to south, as follows:

Minnesota,	14 per cent.
Iowa,	12 " "
Missouri,	9 " "
Arkansas,	5 " "

Then if you go on to Louisiana it increases to 8 per cent. in consequence of the proximity of the Gulf of Mexico, aided perhaps by the marshes of the delta of the Mississippi.

It follows that the best resort for a patient threatened with cancer or consumption, is one which is at the same time as far from the sea, and as far South as possible. Such a place is New Mexico, where the deaths from consumption are only 3 per cent., or Arkansas where they are 5 per cent. Probably the central table lands of Old Mexico will be found still better when the progress of civilization shall afford safety there to travelers. Entirely in accordance with this rule, though contrary to the popular notion, we find that Minnesota is a worse place than Illinois, having 14 per cent. of deaths from consumption while our own State has only 11 per cent. The best places in the United States are

New Mexico,	3 per cent.
Arkansas,	5 " "
Texas,	5 " "
Georgia,	5 " "
South Carolina,	5 " "
Florida	6 " "
Alabama,	6 " "
Mississippi,	6 " "
Utah,	6 " "

A marked feature of the new census is that consumption is considerably increased as compared with 1860, in nearly all the southern states and territories, while it is diminished or stationary in most of the northern states. This indicates probably an increased influx of invalids from the north to the south in search of health. In future it is to be hoped that the census will distinguish between cases native to the region, and those immigrating in pursuit of health.

By consulting the following table, the physician can see at a glance the best resorts for patients consulting him for cancer and consumption.

RATIO OF DEATHS FROM CANCER AND CONSUMPTION TO DEATHS FROM ALL CAUSES IN THE VARIOUS UNITED STATES AND TERRITORIES, FOR THE YEARS 1860 AND 1870.

STATES AND TERRITORIES.	1860.		1870.		Average of the two Censuses.		
	Cancer.	Consumption.	Cancer.	Consumption.	Cancer.	Consumption	Per Cent. of Consumption
Alabama,	1 death to 174	1 death to 20	1 death to 124	1 death to 14	1 to 149	1 to 17	6 pr. ct.
Arkansas,	1 " 277	1 " 27	1 " 204	1 " 14	1 to 240	1 to 20	5 "
California,	1 " 180	1 " 7	1 " 104	1 " 7	1 to 142	1 to 7	14 "
Colorado,			1 " 125	1 " 12	1 to 125	1 to 12	8 "
Connecticut,	1 " 80	1 " 5	1 " 43	1 " 6	1 to 61	1 to 5	20 "
Dakota,			1 " 101	1 " 8	1 to 101	1 to 8	12 "
Delaware,	1 " 108	1 " 6	1 " 96	1 " 5	1 to 102	1 to 5	20 "
Dist. of Columbia,	1 " 116	1 " 5	1 " 168	1 " 5	1 to 142	1 to 5	20 "
Florida,	1 " 148	1 " 16	1 " 141	1 " 17	1 to 144	1 to 16	6 "
Georgia,	1 " 158	1 " 26	1 " 104	1 " 15	1 to 131	1 to 20	5 "
Illinois,	1 " 157	1 " 9	1 " 118	1 " 9	1 to 137	1 to 9	11 "
Indiana,	1 " 176	1 " 9	1 " 105	1 " 6	1 to 140	1 to 7	14 "
Iowa,	1 " 129	1 " 9	1 " 110	1 " 7	1 to 119	1 to 8	12 "
Kansas,	1 " 174	1 " 13	1 " 207	1 " 11	1 to 190	1 to 12	8 "
Kentucky,	1 " 178	1 " 9	1 " 106	1 " 6	1 to 142	1 to 7	14 "
Louisiana,	1 " 228	1 " 13	1 " 97	1 " 10	1 to 162	1 to 12	8 "
Maine,	1 " 68	1 " 4	1 " 42	1 " 4	1 to 55	1 to 4	25 "
Maryland,	1 " 114	1 " 6	1 " 77	1 " 6	1 to 95	1 to 6	16 "
Massachusetts,	1 " 72	1 " 4	1 " 49	1 " 5	1 to 60	1 to 4	25 "
Michigan,	1 " 118	1 " 6	1 " 77	1 " 6	1 to 97	1 to 6	16 "
Minnesota,	1 " 144	1 " 6	1 " 101	1 " 8	1 to 122	1 to 7	14 "
Mississippi,	1 " 200	1 " 22	1 " 148	1 " 13	1 to 174	1 to 17	6 "
Missouri,	1 " 220	1 " 13	1 " 161	1 " 10	1 to 190	1 to 11	9 "
Montana,				1 " 11	1 to 183	1 to 11	9 "
Nebraska,	1 " 117	1 " 12	1 " 250	1 " 11	1 to 183	1 to 11	9 "
New Hampshire,	1 " 43	1 " 4	1 " 36	1 " 5	1 to 39	1 to 4	25 "
New Jersey,	1 " 100	1 " 5	1 " 75	1 " 6	1 to 87	1 to 5	20 "
New Mexico,	1 " 326	1 " 38	1 " 69	1 " 26	1 to 197	1 to 32	3 "
New York,	1 " 86	1 " 5	1 " 59	1 " 6	1 to 72	1 to 5	20 "
North Carolina,	1 " 116	1 " 16	1 " 92	1 " 9	1 to 104	1 to 12	8 "
Ohio,	1 " 104	1 " 7	1 " 70	1 " 6	1 to 87	1 to 6	16 "
Oregon,	1 " 150	1 " 10		1 " 6	1 to 150	1 to 8	12 "
Pennsylvania,	1 " 95	1 " 6	1 " 69	1 " 7	1 to 82	1 to 6	16 "
Rhode Island,	1 " 55	1 " 4	1 " 47	1 " 5	1 to 51	1 to 4	25 "
South Carolina,	1 " 152	1 " 25	1 " 121	1 " 11	1 to 136	1 to 18	5 "
Tennessee,	1 " 185	1 " 10	1 " 97	1 " 6	1 to 141	1 to 8	12 "
Texas,	1 " 213	1 " 22	1 " 174	1 " 16	1 to 193	1 to 18	5 "
Utah,	1	" 18		1 " 14		1 to 16	6 "
Vermont,	1 " 40	1 " 4	1 " 36	1 " 5	1 to 38	1 to 4	25 "
Virginia,	1 " 133	1 " 10	1 " 87	1 " 7	1 to 110	1 to 8	12 "
Washington Territory	1	" 6	1 " 45	1 " 6	1 to 45	1 to 6	16 "
West Virginia			1 " 100	1 " 6	1 to 100	1 to 6	16 "
Wisconsin,	1 " 129	1 " 7	1 " 60	1 " 8	1 to 94	1 to 7	14 "

CARIES OF VERTEBRÆ.

BY DANIEL LICHTY, M.D., OF ROCHELLE, ILL.

This case is presented because of its rarity as regards age and its peculiar and varied symptoms.

Mr. Pott, in his diseases of the spine, says he never saw caries occur at an age beyond forty, and Mr. Baynton never met with more than three instances which approached that period of life, while Mr. Brodie, in his Diseases of Joints, describes one case in which the patient was forty-five years old; and Sir Astley Cooper *thinks* he had a patient near that age.

Mr. O. F. aged 40, average size and erect figure, marked bilious temperament, without any malignant hereditary predisposition, though all his family bear this strongly marked bilious type; occupation, farmer, applied at my office Feb. 16, 1872, for advice, when he presented the following history, symptoms and signs: Has for two years been troubled with slight indigestion; during two years past had what farmers style a "crick in the back," and thirteen months before consulting, was severely hurt in right side by the horn of a cow, but no physician being consulted, the extent and character of the injury

was never known, yet he said he never fully recovered from it; work in the stooping posture, violent exercise, riding in a farm wagon, each had to be occasionally abandoned from the pain which they created, while an interval of rest gave him relief; still he continued managing and working his farm until February last. He presented some slight nervous trepidation, rose from his chair cautiously; could not bear any weight on his hand when extended at right angles to his body; rheumatic pains in loins, constant but not excited on pressure; the perfect free mobility of back somewhat impaired; pressure in right hypochondrium referred to right scapula; a sense of fullness in epigastrium with anorexia, while percussion and palpation showed positive enlargement of the liver; this organ protruding from beneath the ribs to the extent of nearly an inch, while the middle lobe could be traced to the umbilicus and to the left of the median line; skin and sclerotica both jaundiced. Diagnosed, chronic hepatitis with mal-assimilation of nerve substance and consequent nervous irritation. Alteratives—hydrg. chlor. mit. sanguinaria and pot. nit. were first employed; being unusually susceptible, slight ptyalism occurred. Iodide and bromide of potassium followed this with external irritants and absorbents, which reduced the size of the liver and appeared to establish its functions; the pain in epigastrium disappeared; skin and sclerotica became clear and of a natural appearance, and appetite returned. Tonic medicines—phosphate of iron, strychnia, etc., with nutritious food I hoped would now restore him. Valuable counsel had been called to my aid, and the foregoing diagnosis and treatment confirmed.

But here my anticipations began to falter; instead of recovering he kept on gradually growing more excitable and weaker, though contrary to what subsequent developments proved, he could until a late period of his illness walk up and down stairs; but the slightest misplacement of body would bring on a cramp or spasm which he described as feeling as though his back was bent double; by bending the third and second phalanges of his finger upon the first. Here he became unable to walk, and was confined to his bed, with occasional rest in the sitting posture with the body thrown well forward and supported over the back of a chair. Atrophy of the spinal cord, caries of the spine and kindred maladies were suspected but none could be detected; not the slightest unnatural curvature or prominence was observable; tapping or pressure would not elicit pain, and hot cloths applied gave him more relief than anything employed locally; the electro-magnetic current passed through every part of his body without any further result than to produce a moderate degree of excitement, never any wincing at any part of the spine; sensation in lower extremities not so acute as in trunk and arms; never any spasms referred to the thighs while co-ordination of motion remained perfect in legs; venery, though without intercourse, was natural; urination under control, while the tendency to constipation was relieved by two pills improv. cath. U. S. D. taken at 9 o'clock p.m.; decubitus was always on either side, never on the back; morbid and peculiar nervous sensations emanated from the sensorium and prevailed over the upper part of the body, marked by extreme hyperesthesia so that the hem of his shirt, or a wrinkle in the sheet could not be tolerated from the pressure they induced; the touch of a finger to his sides he could not allow; application in thought, or, to him, repulsive sights, would bring on spasms. At a period six weeks before his death the attendant could not move in his chair, scarcely sigh, unless patient was soundly asleep. In this interval of four weeks two able physicians saw him with me and he was unhesitatingly pronounced hypochondriacal by both.

Bromides controlled, in a measure, his excitability, while hydrate of chloral procured for him sleep at night. His appetite remained good, and intellection equal to any one of an equal length of sickness.

Twenty-four hours before his death symptoms of acute spinal meningitis attacked him from which he died.

The friends were persuaded from the obscurity of the case to allow a post mortem, which was held the day of his death. The

lungs, liver, spleen and right kidney presented a healthy appearance, the left kidney showing signs of quite recent inflammation and engorgement; the mucous membrane of stomach inflamed at cardiac region; the white fibrous fascia binding the vertebrae was unimpaired, but pressure showed softness, and the scalpel penetrated the bodies of the vertebra and a mass of putrescence and bone spiculæ, the bodies of the vertebræ, from the sacro-lumbar articulation upward, all being carious and suppurated to the seventh cervical, some of them retaining their outline by the outer lamina only, many of them being eroded to the supervening cartilage. The form of disintegration indicated that it commenced anteriorly in the bodies, but at what point could not be ascertained; no point could be detected at which pus escaped nor were there at any time symptoms of pus escaping into the cavity of body or of abscesses. I think it one of those rare cases of which Sir Astley Cooper says of carious spine without curvature and without collections of matter forming and making their way outward, but "being detained within the body, destroys the patient, the REAL and IMMEDIATE *cause of whose death is seldom known, or even rightly guessed at, unless the dead body be examined.*" and to that end submit it to the consideration of the profession.

A CASE OF POISONING WITH MORPHIA AND HYD. CHLORAL—REMARKABLE RECOVERY.

BY THEODORE GRIFFIN, M.D., OF ST. LOUIS, MO.

In the July number of the Chicago MEDICAL EXAMINER for 1871, I reported a case of opium poisoning successfully treated by the hypodermic injection of *atropine*. That case was regarded as one of unusual interest, from the fact that the patient was very nearly dead when the remedy was used, there being only about two imperfect respirations per minute, with every other evidence of rapidly approaching death. In this case no other remedy than the atropine hypodermically used was applied.

I wish here to report a case of recovery from poisoning with morphia and hyd. chloral, which, so far as my knowledge extends, is the most remarkable on record, and which forcibly illustrates the necessity of persisting in the vigorous employment of the means of resuscitation so long as there are perceptible contractions of the heart.

On the 2d of May, 1872, I was called to see Mrs. G. of St. Louis, aged about 30 years, of medium hight, and rather obese. I found her alone in her room, and in a state of partial unconsciousness, with a quiet muttering delirium. I supposed her to be under the influence of liquor, and information which I afterwards received confirmed me in this belief. Domestic trouble had doubtless led her to unusual excesses; her husband having deserted her two weeks previous to this time. She was suffering from much nervous and general physical debility, delirium and sleeplessness. Accordingly, tinct. of nux vomica as a nervous tonic and stimulant was prescribed; and for the insomnia hyd. chloral ℥ 1, tinct. opii ℥ 1, mix, which she took in divided doses on the night of the 2d, without its producing any sedative effect whatever. On the morning of the 3d her general symptoms were much improved, and she was told that on the succeeding night she would probably sleep without an anodyne being administered. Yet, on the morning of the 4th she sent to my office the statement that she had not slept any during the past night, and requested that I should prescribe morphine for her. Regarding the case as one of rather obstinate insomnia, resulting from *delirium ebriosum*, I prescribed as follows:

℞ Sulph. morph. gr. viij.
Hyd. chloral ℥ 1.
Aqua camph. ℥ 1.
Syr. simplex ℥ 1. Mix.

Of this mixture she was directed to take one teaspoonful every hour until sleeping. She took the first dose at 10 a.m. on the 4th. At 12 o'clock I was called in haste to see her. I found her profoundly under the influence of the narcotic medicines, and upon examining the bottle which contained the medicine, it was found that she had taken nearly three-fourths of its contents during the two hours,

making about six grains of morphia and forty grs. hyd. chloral. The ordinary treatment in these cases was at once vigorously resorted to. At 2 o'clock she was profoundly comatose. Drs. W. Johnston and Grissom were called to my aid. To my suggestion that atropine be used hypodermically Dr. Johnson acceded. I immediately procured the following solution: Atropia gr. 1, aqua ʒ 1. Of this solution I presume one-half was injected near the median basilic vein by Dr. Grissom. Some of the solution was wasted, as the syringe worked imperfectly, so that it is impossible to state the exact quantity used. The injection of atropia was given at about 2 o'clock; a few moments before the use of the atropia artificial respiration was begun by alternately elevating the arms and depressing the chest.

The patient presented the following symptoms at 4 o'clock p.m.: Lying on her back on the floor, lips and face of a dark purple color; extreme capillary congestion of the surface; eyes fixed; pulse barely perceptible, beats 140 times per minute, and very feeble; no respirations appreciable; tongue falls back into the pharynx. The tongue was drawn forward and artificial respiration vigorously continued. 4 o'clock p.m.—The pupils are now widely dilated by the atropia; pulse scarcely perceptible, at times absent; sordes accumulating on the teeth; no respirations appreciable; artificial respiration continued. 5 o'clock p.m.—Pulse more easily detected; no respirations appreciable; artificial respirations continued. At about this time ten or twelve medical students arrived and assisted. 6 o'clock p. m. — Condition unchanged. 7 o'clock p.m.—Decided improvement in her circulation; her symptoms in other respects are apparently unchanged; artificial respiration continued. 8 o'clock p.m.—Pupils not so much dilated; pulse 130 and more full; color of skin and lips much improved; no respirations are yet appreciable, yet hopes are now entertained of her recovery; artificial respiration continued. 8½ o'clock p.m.—Now, for the first time since 2½ o'clock, a period of six hours, it is evident that she breathes; the respirations are short, jerking, and otherwise imperfect, yet there are sixteen of them in a minute; pulse 130 and distinct; pupils well dilated; artificial respiration discontinued. From this time she gradually improved. At the suggestion of Dr. Grissom injections per rectum of strong warm coffee were given; one and a half quarts were administered in this way during an interval of four hours, with some apparent benefit.

At 3½ o'clock a.m. of the 5th, she was taken from the floor and placed upon a bed; pupils still dilated. She has at short intervals periods of wandering delirium, with periods of consciousness. At 4 o'clock a.m. I left the patient in charge of four students. I visited her again at 7 a.m. and found her quite intelligent, respirations natural, pulse 100 and full, pupils somewhat dilated. Her skin is hot, and she complains much of muscular soreness, of pain in the chest, and coughs some. Of her subsequent treatment it would be uninteresting to speak. She necessarily suffered considerably from injuries received during the continuous employment of artificial respiration for a period of six hours. Nourishment and rest were the principal remedies indicated. On the morning of the 6th I had occasion to visit the country and requested Dr. Grissom to attend the patient during my absence. When I returned, after an absence of three days, I found that my services were not further desired, the case passed into the hands of Dr. Grissom.

This case doubtless illustrates, in an unparalleled degree, the efficiency of prolonged and unremitting artificial respiration in cases of poisoning by narcotic medicines, even when all signs of vitality are extinct (except, perhaps, contractions of the heart).

Death from opium poisoning begins at the brain; the heart is the last vital organ to cease its functions; it derives most of its supply of nervous influence from the sympathetic nervous system, whose plexuses (cardiac) lie in close proximity to the heart, and whose filaments permeate almost every square line of its substance. By some, the various ganglia of the organic nervous system are supposed to be centers of independent nervous force; little brains, as it were, and that they

can give and receive impressions, and sustain vitality in a measure independent of the cerebro-spinal system. If this theory be true, it accounts in a measure for the fact that when the brain and its nervous appendages, with all their dependent organs, are overwhelmed and stilled by the poisonous influence of opium, the heart continues to beat and the circulation to go on—presenting the phenomenon of a living heart in a dead body. Artificial respiration, by bringing air in contact with the pulmonary circulation, liberates the carbonic acid with which the blood quickly becomes loaded and supplies to it oxygen; which when returned to the heart, stimulates it to more vigorous contraction, supplying thus oxygenated blood to a poisoned brain. Thus the blood is oxygenized, thus the heart is stimulated and its action kept up; thus the brain and nervous centers are supplied with arterial blood, until the narcotic has expended its power and life is restored.

How far the atropine acted as an antidote in this case cannot of course be known: all we know is that its physiological effect as manifested by dilated pupils, was apparent in fifteen minutes after its injection, and continued until after her recovery from the narcotism.

Doubtless I committed an error in placing so large an amount of morphine in such hands. The dose prescribed may be regarded as unsafe; yet every medical man will admit that no one is so competent to judge of the amount of morphine required in a given case as the attending physician, circumstances so alter cases. Dr. Grissom procured the invaluable assistance of the students, and by united and constant muscular labor for a period of six hours and a half a life was saved.

Clinical Reports.

CLINIC OF PROF. N. S. DAVIS—SUMMER COMPLAINTS OF CHILDREN—CASES, &c.

Gentlemen: In the cities and more densely populated towns located in the middle and northern belts of the United States, the first week of continuous hot summer weather always develops more or less cases of diarrhœa and cholera-morbus in young children, and to a less degree also in adults. In this city (Chicago), the time of commencing the high summer heat is very variable, but generally manifests itself between the twenty-third of June and the middle of July. In each of the five years that I have witnessed the prevalence of epidemic cholera here, the first week of high temperature commenced during the last week of June. In 1854, we had a week of hot, sultry weather, commencing as early as the twenty-first of June. The present season, we had a succession of three very hot, oppressive days, between the twentieth and twenty-fourth of June, ending in a copious rain, with two or three cooler days. From that to the present time (July 2d) we have had continuous hot weather, with oppressive south and south-west winds, inducing a great feeling of lassitude in persons in good health.

During the last of the first three days, I was called to several cases of diarrhœa and vomiting in children, and to two cases of cholera-morbus, accompanied by muscular cramps, in adults. During the last four days the attacks of diarrhœa, cholera-infantum and cholera-morbus, have increased so rapidly, that nearly one-half of all the patients coming under my observation have been of that class; and the past week's mortality will show a large increase over the previous weeks, from the prevalence of these affections. This large increase of mortality, chiefly from the bowel-affections of children, recurs regularly every year, beginning the first week of hot summer weather and continuing through July, August, and a part of September; and these affections are as strictly endemic in the impure summer atmosphere of the cities in the temperate zone of the earth's surface, as the intermittent fever is on the Roman Campagna or on the alluvial deposits in the Mississippi Valley. The principal determining causes appear to be a high temperature acting in conjunction with an atmosphere either deficient in free electricity

and ozone, or rendered impure by the products of animal and vegetable decomposition.

These influences induce a great degree of relaxation or diminution of vital affinity, with a morbidly sensitive condition of the mucous and cutaneous surfaces of the body, which, in the more feeble organization of very young children, is sufficient to cause an exudation from the mucous membranes and its ejection by vomiting or purging, or both. If the relaxation is excessive and the exudation or effusion from the mucous surfaces rapid, causing active vomiting and purging, it takes the name of cholera-morbus or cholera-infantum; when it is slight, causing only langnor, paleness, and several thin discharges from the bowels, it takes the name of diarrhœa or "summer complaint."

Case 1st.—Here is a case illustrating the last mentioned class. This baby is eight months old. You see it lying languidly in its mother's lap; the face is a little pale; the eye slightly sunken; the expression sad; its surface and extremities cool; respiration quiet, and pulse soft and weak. The mother says it has had from four to six thin, yellow discharges every twenty-four hours for the last three days. The passages are thin, copious, and preceded by a little restlessness or peevishness, and followed by langnor. There is neither fever, pain, or mucus in the discharges, or anything indicating local inflammatory action. The pathological conditions are, simply, general relaxation, with undue excitability of the mucous membranes of the bowels. The ideas entertained by some, that these cases depend on some derangement of the liver; or that the discharges are the result of an effort of nature to get rid of some morbid matter, or the result of "teething," are founded on neither legitimate reasoning nor the facts involved.

The indications for the treatment of the case before you are, to allay the morbid excitability of the mucous membranes and give increased tone to the nervous and muscular structures of the body. The child's nursing should be regulated so as to prevent overloading the stomach at any one time, but the mother's milk is the best nourishment that it can take, and the less of any other fluid it takes the better.

For medicine we will give it the following prescription:

℞—Phloridzine	24 grains.	
Aromat. spts. ammon.	ʒ i.	
Camph. tinct. opii	♏ xl.	
Water	ʒ iss.	
Simple syrup	ʒ ss.	

Mix. Shake the vial and give half a teaspoonful each morning, noon, teatime, and at bedtime.

The phloridzine, derived from the bark of the root of the appletree, is a mild and pleasant tonic, while the camphorated tincture of opium supplies the necessary anodyne influence. In mild cases, like the one before us, this combination has been frequently used with prompt benefit.

Case 2d.—This is a child presenting another aspect of the same general malady. Its mother says it is thirteen months old, and was suddenly attacked last evening, with vomiting and purging, every few minutes until the present time. If it nurses, the milk is ejected almost as soon as it lets go the nipple; if it drinks a spoonful of water it provokes the same heaving; and thus everything it swallows is speedily thrown up. Yet it is craving for water. The passages from the bowels occur every half-hour, perhaps, and are preceded by a little writhing and fretting, and consist of a turbid or yellowish fluid, so thin as to run readily through two or three napkins, and leave only a stain of fecal matter. The child is drowsy; the eyes sunken; the face pale and dejected; the skin, especially of the extremities, cool; pulse thready and weak; and respirations slow, with frequent sighing. Here you have a more active example of the cholera-infantum, about eighteen hours after the commencement of the attack.

It is a case presenting actual danger of fatal collapse during the active stage. If it survives this stage, and the vomiting becomes only occasional, with a continuance of intestinal discharges less frequently, the latter will become green, mixed with little masses of mucus, sometimes streaked with

blood; the abdomen will become hot, the pulse quick, the child more restless and peevish, with excessive thirst, and after emaciating to a skeleton, may die from inanition at the end of three, four or six weeks. On the other hand, prompt treatment designed to allay the extreme irritability of the whole extent of the mucous surface of the alimentary canal, and restore the proper tone of the capillary vessels, will in many cases arrest the disease and lead to a rapid recovery of the patient. We will give the little sufferer the following prescriptions:

℞—Carbolic acid crystals	3 grains.	
Glycerine (pure)	℥ ss.	
Camph. tinct. opii	℥ i.	
Water	℥ iss.	

Mix. Give 20 drops every half hour until the vomiting ceases; then extend the time to every two hours.

℞—Hydrg. chlorid. mite	4 grains.	
Pulv. opii	1	"
White sugar	30	"

Mix. Divide into 8 powders, and give one every 8 hours.

If the vomiting ceases, and the passages from the bowels are reduced in frequency to only two or three in the twenty-four hours, the powders are to be omitted, and ten drops of the nitrous ether added to each dose of the carbolic acid solution, to aid in securing proper action of the kidneys. In many cases, this treatment will result in a rapid and entire recovery.

In others, the vomiting ceases, or occurs only occasionally; but the intestinal discharges continue at intervals of two, three, or four hours, preceded and accompanied by symptoms of pain: the child becomes fretful, craving for drink, and rapidly emaciates. The intestinal discharges are very variable in color and quality.

In a majority of such cases the following emulsion acts very favorably:

℞—Ol. terebinth		℥ ii.
Ol. wintergreen		20 qtts.
Tinct. opii		℥ ii.
Pulv. G. Arabic White sugar	a a	℥ iv.
Rub together and add		
Water		℥ iii.

Mix. Shake the vial and give to a child of this age, from fifteen to twenty drops every three, four, or six hours, according to the frequency of the discharges. In all cases where the child can have a good breast of milk, that alone should be its nourishment. But if artificial food must be provided, we have found nothing to answer better than a thin, well-prepared wheat-flour and milk porridge, given in small quantities. It is also of great importance to give these little children access to fresh and pure air. Their confinement in small, over-heated and badly ventilated rooms, is one of the most prolific causes of their sickness and mortality.

HYDROCHLORATE OF NARCEINE FOR HYPODERMIC INJECTIONS.—Dr. Petrini, in the *Bulletin de Therap.*, advocates this salt as superior to sulphate of atropine or muriate of morphia. In very small doses, five milligr. to one centigr., its calmative power is manifest. It is superior in its power to control sickness to salts of morphia. When all preparations of opium or morphia fail as hypnotics, a small dose of the salt of narceine will succeed. In the smallest doses its effects are also to slightly raise the temperature, as well as the frequency of both the pulse and respiration, but at the same time to reduce arterial tension.—*Medical World.*

CROUP.—MM. Mouttet and Rosiere, of Montpellier, report that they have cured croup, when tracheotomy was refused by the parents as a useless cruelty, by repeated insufflations of powdered nitrate of silver. The application was at once followed by the detachment and expulsion of false membrane, and was repeated a quarter of an hour after with a similar result. Three or four hours later another insufflation was followed by so much relief that hope was entertained, and the child from this time made a steady recover.—*Id.*

INTUSSUSCEPTION—NOVEL AND SUCCESSFUL TREATMENT.—Alfred W. Taliaferro, of San Rafael, reports a case of invagination of the intestines that was relieved, after all other means had failed, by an injection of a solution of carbonate of soda followed by a solution of tartaric acid. Immediately on the withdrawal of the pipe of the syringe, after the injection of the second solution, a large sponge was pressed against the anus.—*Western Lancet.*

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, June 15th, 1872.

EDITORIAL.

Explanation.—During the last few months, as most of our readers know, the junior editor has been absent from home, and the amount of work left on the hands of the senior has been such that he has found it impossible to bring the issues of the *Examiner* up to their proper date. Before this paragraph reaches its readers, the junior editor is expected to be again at home and at his post. And we think reliance can be placed in the future prompt and regular issue of each number.

Our Medical Colleges.—The summer course of instruction in the Chicago Medical College, Medical Department of the N.-W. University, closed on the first of July. The course was a pleasant and profitable one, and attended by a good class of students. The college, in all of its departments, is in excellent order, with the ample hospital and dispensary in connection with it, and all are in readiness for the commencement of the next annual course of instruction.

Our friends of the Rush Medical College appear to have abandoned the plan of rebuilding on their old place in the north division of the city, and are constructing a very plain building on the County Hospital lot, on the corner of Eighteenth Street and Arnold. It contains a lecture room and dissecting room, and with the amphitheatre of the hospital, will constitute their accommodations for the coming fall and winter. There is no city in the country that affords better facilities for medical instruction than this. Our schools are well organized; our hospitals are ample, and the arrangements in every department, didactic, demonstrative, and clinical, are complete.

Medical Books.—Those wanting medical books will find a good assortment at the book-store of Messrs. Jansen, McClurg & Co., at 607 Wabash Avenue.

Society Reports.

SEVENTH ANNUAL MEETING OF THE MILITARY TRACT MEDICAL ASSOCIATION.

Pursuant to adjournment the Seventh Annual meeting of the Military Tract Medical Association convened in Masonic Hall at 10 o'clock. In the absence of the President, Dr. E. L. Phillips, of Galesburg, was called to the Chair. Drs. Reese, McClelland and Klingburg, as board of censors, reported the names of Drs. Bunce, Heller, Sapp, and D. T. Brown for membership. The association received them by unanimous vote. The regular order of business was left until the afternoon session.

Dr. W. L. Cuthbert then offered a series of resolutions concerning abortion, which, after some discussion, were referred to a committee consisting of Drs. Cuthbert, Reese, Hurd, Bacon and Bunce. Upon the retirement of the committee the association adjourned until two o'clock.

Afternoon.—The association re-assembled with Dr. Phillips in the Chair. On motion, the association proceeded to the election of officers, with the following result: Dr. John W. Hensley, of Gates City, President; Dr. M. A. McClelland, of Knoxville, Vice President; Dr. Herbert Judd, of Galesburg, Secretary and Treasurer. Dr. Hensley returned thanks on taking the Chair in a brief address, promising to discharge the duties to the best of his ability. He then called for the reports of the committees, when Dr. Reese, Chairman of the Committee to whom Dr. Cuthbert's resolutions were referred, made a favorable report. On motion, the report was received and the Committee discharged. These resolutions are of the greatest interest, and are as follows:

Whereas, The procuring of criminal abortion is becoming more prevalent, and in our

vicinity as elsewhere, unscrupulous specimens of human depravity—abortionists—are plying their murderous traffic; and that from the members of the medical profession the public expect an expression of their opinion in regard to this evil; therefore,

Resolved, That we recognize the procuring of miscarriage or abortion in any stage of pregnancy as criminal in the highest degree, unless absolutely demanded to save human life, and then only by the advice of two or more regular physicians.

Resolved, That we, as physicians, pledge all our efforts to assist and sustain our legislators and executives in all measures that tend to the suppression and prevention of this heinous crime, with its fearful consequences.

Resolved, That we are bound by a sense of duty as physicians and citizens to condemn the abortionist and his abettors, deeming them unworthy of our association and respect, and to use all reasonable means to expose their murderous schemes and bring them to punishment.

Resolved, That while we denounce their murderous traffic we will strive to inform the public of its train of consequences; for the violation of physical and moral laws is certain to meet its just penalty, prolonged and intractable diseases of body and mind and often death.

Resolved, That a copy of this preamble and resolutions be forwarded to each paper published within our bounds, the Chicago Medical Examiner and *Chicago Medical Journal* inclusive, with a request for gratuitous publication, that the position of the Military Tract Medical Association may be known on this matter of vital importance to the public.

From the standing committees, Practice of Medicine, Surgery, Materia Medica, Obstetrics, Diseases of Women and Children, many interesting and valuable reports were given, both written and oral; the discussions were more free and universal than at any previous meeting.

Under miscellaneous business, Drs. Reese, Judd, Phillips, McClelland, and Webster, were appointed as committee to revise the Constitution and By-Laws. Drs. Phillips, Morse and Hurd were appointed a committee to report at the next meeting upon the death of Dr. John W. Spalding.

The following are the standing committees to report at the next meeting, to be held in January: *Censors*—M. Reese, M. A. McClelland, A. Klingburg. *Essayists*—W. W. L. Cuthbert, J. R. Webster. *Surgery*—M. A. McClelland, J. M. Morse, Wm. Hamilton. *Practice of Medicine*—E. L. Phillips, B. F. Brown, J. C. Secord. *Materia Medica*—Henry B. Upton, D. W. C. Bacon, Chas. Bunce. *Obstetrics and Diseases of Women and Children*—W. H. Heller, D. T. Brown, T. J. Maxwell. *Ophthalmology*—L. S. Lambert.

Upon motion, the association adjourned to meet in Galesburg on the second Tuesday in January next.

HERBERT JUDD, *Sec'y.*

STATE MEDICAL SOCIETY OF WEST VIRGINIA.

This Society held its annual meeting at Wheeling, June 6th and 7th, 1872. The attendance appears to have been good, the papers and discussions interesting, and the social intercourse pleasant and profitable.

The following are the Officers and Committees for the present year: *President*—Dr. R. H. Cummins. *Vice-Presidents*—Drs. Roemer, Davis, Moore. *Secretary*—Dr. Wm. Dent. *Treasurer*—J. E. Hupp. *Committee on Publication*—Drs. Bates, Hupp, Hildreth and Wm. Dent. *Committee on Necrology*—Drs. Haslett, Berkbile and Roemer. *Committee on New Remedies, Medical Division*—Dr. Jepson; *Surgical Division*—Dr. Pipes. *Essayists*—Drs. Davis and Berry. *Committee on Medical Botany*—First District, Drs. Hildreth and Wiesel; Second, Drs. Bronson and Brownfield; Third, Drs. Roemer and Harris. *Committee of Arrangements*—Dr. Davis and the members of the Society in Parkersburg. *Committee on Climatology and Epidemics*—Drs. Roemer, Harris, Hildreth, Wilson and Ramsey.

The next meeting of the Society is to be held in Parkersburg, the first Wednesday in June, 1873.

Death of a French Anatomist and Physiologist.—Dr. Liegeois, Vice-Professor at the Paris Faculty, and author of well-known works on anatomy and physiology, recently died, after a brief but painful illness, in the city of Paris.

Gleanings from Our Exchanges.

NOTES ON CANTHARIDES AND A BLISTERING LIQUID.

BY EDWARD R. SQUIBB, M.D.

In a recent revision of the Army Medical Supply Table, the writer was consulted upon the adoption for army use of some of the various blistering-papers, tissues, or plasters, which appear to be so convenient in use, and thus so well adapted to a military organization. Upon careful inquiry, however, it appeared that all these tissues were liable to deterioration under unknown conditions; and that any such want of permanency overbalanced the advantages, particularly for army outposts, where supplies could not be frequently renewed. The tissues were therefore abandoned for the present; but it was thought by the writer that a blistering liquid might be made by taking advantage of the more recent researches upon cantharides, which would give better promise of permanence. Blisters have, in the condition of the patient, and of the surface to which they are applied, and in the degree of skill with which they are applied, so many elements of uncertainty, that it is highly important that the substance used for blistering should be in itself as free as possible from uncertainty. Under different conditions of the patient, a thoroughly active blistering substance may vesicate in four hours, or in seven or eight hours, or may not vesicate at all; and in case of delay or failure, the time is always lost, while it is generally impossible to know whether the cause of delay or failure be in the patient or in the blistering substance.

The general drift of recent observations seems to point to two principal causes of uncertainty in blistering agents. First, the almost absolute insolubility of the active principles of cantharides in ordinary menstrua; and second, the liability of these active principles to become inert, or to fly off in some volatile combination.

The change which takes place in cantharides and its preparations seems somewhat analogous to that which occurs in ergot, and it therefore seems not unlikely that it may be controlled in the same way as that so successfully applied by Prof. Procter in the officinal fluid extract of ergot; that is, by fixing the active principles in new and more permanent combinations.

The important investigation of cantharides in 1852 by Prof. Procter, has served as a basis for many able researches, and notably those of Fumouze, and of Massing and Dragendorff, in 1867, and Delpech in 1870, so that now the older labors of Robiquet and others are rather matters of history than guides in practical application.

In an attempt to utilize still further the labors of these recent writers on cantharides, it was determined to make a solution of cantharadin in some convenient menstruum better than collodion, and to make this so strong as to be as nearly certain as possible. A hundred and twenty pounds of good cantharides was freshly powdered, and the powder carefully assayed yielded the full proportion of 0.466 per cent. of cantharidin. Twenty pounds of this powder very thoroughly exhausted by sixty-eight pounds of chloroform by percolation, and the chloroform recovered by distillation, left a black, oily residue, weighing twenty-eight ounces, avoirdupois. This, while warm, treated repeatedly and copiously with bisulphate of carbon to remove the oily matters, left a residue of very light-colored cantharidin, which in proportionate quantity came but little short of the assay. The bisulphate of carbon distilled off should have left the oily and waxy matters free from cantharidin, but upon trial on the writer's arm, this oil proved to vesicate most promptly and actively. Another portion of this oil, separated from the cantharides in another way, proved equally active. Supposing this activity to be due to its still holding some cantharidin in solution, the oil was repeatedly heated and washed with a solution of potassa so dilute as not to saponify the oil, yet strong enough to render the cantharidin soluble, and to wash it out. Still the oil blistered as actively as before, and the writer was thus forced to the conclusion either that this oil held a portion of the cantharidin too obstinately for easy practical separation, or that the oil itself was vesicant, and therefore that the cantharidin was not, as heretofore believed, the only active or vesicating principle of cantharides. This latter explanation is that which the writer is now inclined to accept in preference to the former.

Rejecting the oil and its vesicating properties, however, it was next thought to get the cantharidin into a definite solution which could be made uniform and thus far trustworthy. A variety of menstrua were tried, including most of those which have been commonly suggested, and glycerin and chloroform and their mixtures in addition. None of these proved to be sufficient solvents, or properly applicable, thus realizing the observations of Prof. Procter as to the peculiar intractability and unmanageable nature of this

substance when separated. Many of the cold solutions were vesicant, but all appear to be sluggishly so, and much less active than the oil. These trials all seemed to strengthen the conclusions of Massing and Dragendorff that cantharidin is an anhydride, which in combination fixes two equivalents of water, and then plays the part of an acid to alkaline bases. The salts thus formed are far more soluble than cantharidin, and are soluble in other menstrua, but these solutions are still very dilute when saturated, and appear feeble and sluggish in vesicating effect when compared with the activity of the oil. All this inclined the writer, after much labor, to go back to the beginning, and by the light and general drift of these trials, seek for some definite liquid representative of the crude drug like a fluid extract, wherein the active principles, as in fluid extract of ergot, may be rendered more fixed and permanent by new combination. After preliminary trials of various menstrua for exhausting the powdered cantharides, the officinal diluted alcohol, containing one-sixteenth of its volume of officinal liquor potassæ, seemed to succeed well. But when the liquid obtained and the residue after exhaustion were tried, the first was found rather sluggish in action, and loaded with an unnecessary amount of inert extractive matter, whilst the residue produced some irritation of the skin, and persistent itching after eighteen hours' application. After standing three weeks, the liquid was covered with a film of wax and fatty matter, and had become turbid. All this was accepted as evidence that the menstruum did not contain sufficient potassa and alcohol, and a new menstruum was made containing one-eighth of its volume of liquor potassæ, one-eighth water, and three-fourths stronger alcohol. This menstruum applied to the powder by repercolation yielded a percolate, which, when in the proportion of a minim for each grain of powder, was very active in producing vesication. Even when diluted to one-half this strength, its action was energetic and prompt, producing a blister in less than six hours. This percolate contained no free potassa, and the alcohol appeared to be in sufficient proportion to hold all the oil in solution. On standing exposed for some days it becomes turbid, and a film of waxy matter formed on the surface. This turbidity and waxy matter did not disappear on the addition of alcohol unless the liquid was heated. The percolate was miscible with water and with alcohol in all proportions, but with turbidity from the separation of waxy matter, with perceptible separation of oil. This percolate was accepted as the blistering liquid sought after. It is really a fluid extract of cantharides in the normal proportion of minim for grain, and as an example of how fluid extracts may be made by weight, and without measures, the formula by which it is practically made will now be given.

FLUID EXTRACT OF CANTHARIDES OR BLISTERING LIQUID.

Take of—

Cantharides, in fine powder, 16 troy ounces.
Solution of Potassa, Stronger Alcohol, Water, of each a sufficient quantity.

Make a menstruum consisting of two troy ounces and thirty-two grains (= 2 f ℥) of solution of potassa, and four troy ounces and three hundred and twenty grains (= 6 f ℥) of stronger alcohol, to moisten the powder with.

Make another menstruum with which to percolate, consisting of 6¼ troy ounces of solution of potassa, 6 troy ounces of water, and 28 troy ounces of stronger alcohol. Divide the powdered cantharides into four equal parts, and moisten each part as it is wanted for percolation with one-fourth of the first menstruum. Then percolate the first part to exhaustion with the second menstruum. Reserve the first troy ounce of the percolate from this first part, and receive the remainder of the percolate in separate portions of about two or three troy ounces each. Repercolate the second part of the moistened powder with the percolate from the first part, excepting the reserved portion, and follow the percolate from the first part with about two troy ounces of new menstruum. Reserve three troy ounces of the first of the percolate from this second part, and separate the remainder of the percolate in fractions as before. Repercolate the third part of the moistened powder with the percolate from the second part, excepting the reserved portion, and follow the percolate with fresh menstruum as before. Reserve five troy ounces of the first of the percolate from this third part, and separate the remainder of the percolate in fractions as before. Repercolate the fourth and last part of the moistened powder with the percolate from the third part, excepting the reserved portion, and follow the weak percolate with fresh menstruum to exhaustion as before. Reserve five troy ounces of the first of the percolate from this fourth part, and separate the remainder of the percolate in fractions as before, to be carried on to a future process. Add the reserved portions of percolate together, and mix them as the finished fluid

extract. When a new process is to be undertaken, four troy ounces of the powder is to be treated in exactly the same way as each of the above parts, and three and a half troy ounces of the first part of the percolate is to be reserved as finished fluid extract, and the remainder of the percolate is to be carried on to a future operation as before.

A pint of the first menstruum, at 25° C.= 77° F., weighs 6520 grains, and a pint of the second menstruum, at the same temperature, weighs 6482 grains. A pint of the finished fluid extract, at the same temperature, weighs 6850 grains, or 14 troy ounces and 130 grains. The normal difference for this lot of powdered cantharides is therefore 6850 —6520=330 grains.

The officinal liquor potassæ always contains lime and silica, which are precipitated upon admixture with alcohol, and these weights will vary from these figures if this precipitate be left in the mixture. As the officinal liquor potassæ contains 5.8 per cent. of hydrate of potassa, and as each fourteen troy ounces of the fluid extract contains about two troy ounces and thirty-two grains of liquor potassæ, it follows that the total quantity of hydrate of potassa represented in the fourteen troy ounces is about 57.5 grains or 0.85 per cent. This is, however, entirely saturated by the cantharidin and by the oil, and is present in the fluid extract as cantharidate of potassa and as a soap, both being held in perfect solution by the alcoholic menstruum, the turbidity on standing and by dilution consisting of inert matter in inconsiderable quantity. The only thing which appears undetermined in the preparation is its permanence. All the published researches on this point and all the analogies that are available, however, are in favor of its permanency, and as it proved very prompt and effective when reduced one-half in strength, it has a very good margin to secure its certainty.

It is therefore believed to be an excellent fluid extract of cantharides, and available for all therapeutic uses of the drug, internal as well as external, while it is both convenient and economical. It is, of course, an active poison, and should therefore bear a red label, and be dispensed with due care. As it can only be needed in small quantities, it should be put up in one and four ounce bottles.

For internal use it may be diluted to any desired extent, and may be given in any simple vehicle.

As a rubefacient, or mild and continuous counter-irritant, it may be added in very definite proportion to plasters, cerates, ointments, liniments, &c., to obtain any desired degree of effect.

As a vesicant, it is perhaps best applied by means of thin bibulous paper, such as common filtering paper or newspaper, covered by oiled silk or adhesive plaster. One minim of the fluid extract sufficiently moistens one square inch of such paper, and this is a good proportion in use,—a fluid drachm for an eight inch blister for example. The paper should be cut of the shape and size required, and a piece of oiled silk or oiled muslin, or a piece of common adhesive plaster, of the same shape but larger size, should be cut as a covering. The paper is then folded upon itself several times, and while lying on the middle of the oiled silk the fluid extract is dropped upon it until the paper is just thoroughly moistened or saturated, so that none of the liquid can drain out and spread over more of the surface than is desired. If it be accidentally or incautiously wetted too much, a few minutes' exposure will remedy this, by the evaporation of the alcohol. Paper thus moistened may be entirely dried, and be preserved for use in the dry state, to be moistened with water as required for use, but although likely to be more permanent, as shown by M. Delpech, than any of the common blistering tissues, its permanency has not yet been ascertained. It is therefore, for the present, considered better and safer to keep the blistering substance in the liquid form, and to moisten the paper with the liquid as it is required for use. This paper, thus moistened, is simply applied to the skin and covered with the oiled silk. In dispensing a blister of this kind, it is simply necessary to wrap the folded moistened paper up in the oiled silk, and then the whole in paper, with written directions for the simple mode of application. The skin should be cleansed from secretions before the paper is applied, but this is less necessary with this than with the ordinary forms of cantharides, because the active principles are here in a far more soluble condition. Of course, some means must generally be taken by bandage or by light compression to keep the paper in contact with the skin. A gentle pressure over the oiled silk for a few minutes, until it becomes warm and soft, will cause its margin to adhere to the surface around the paper, and usually this will be all that is needed. Narrow strips of adhesive plaster or isinglass plaster or a bandage may occasionally be required. Three to five hours' contact is generally sufficient to produce full vesication, but the cuticle will not generally be raised

into a blister for six or seven hours, whether the paper be left in contact or not. The common practice of removing the blister at the end of five hours and substituting a water-dressing is excellent practice. If the blister be very painful and irritating to a patient, the water may be made with a half per cent. solution of carbolic acid, as in treating a superficial burn, instead of simple water, when the pain and soreness will promptly subside. This dressing, however, will lessen the counter-irritant effect of the blister somewhat, and to that extent will interfere with its object.

A collateral advantage of this fluid extract may be expected from the circumstance that the active principles are soluble in water, and may be easily washed from the surface by simple sponging after the blister is removed, thus lessening the absorption and the liability to strangury. It is also easily washed off the hands and other parts to which it becomes accidentally applied, and from the surface to which it is purposely applied, at any stage of its action. This should give it a great advantage over the cantharidal collodion in many of its applications, and should nicely adapt it to use about the os uteri. It should also be far more certain than the cantharidal collodion.

The writer regards this preparation as a striking example of the conservative ground which he has taken for some years past, that the search for, and the isolation of so-called active principles of drugs in therapeutics and pharmacy, may be easily, if it be not generally, carried too far. He believes that he has proved by the labor which is epitomized in this paper, that a well-constructed fluid extract of cantharides is in every practical sense better than any preparation of cantharidin, or of cantharidate of potassa, and is all-sufficient for every known use of the drug which it represents.

Therefore, as good fluid extract of ergot is far better for practical use than any of the so-called active principles of ergot: and as fluid extracts of aconite root, belladonna root, conium seed, and nux vomica, are better for therapeutic uses than aconitia, atropia, conia, and strychnia, so is a fluid extract of cantharides better than the drug itself, and better than its active principles. At least such is the conviction of this writer.

Treatment of Venereal Ulcers by Dr. Hemard.—In the *Med. Chirurg. Centralbl.*, 1871, Dr. Hemard asserts that for the last twenty years he has obtained the cure of soft and hard sores by simply irrigating the parts with cold water. A vessel of cold water is fixed to the walls of the room, at such a height a tube attains a certain force of projection. The patient has no more to do but to wash his ulcers every three or four hours under this stream; in a few days the ulcer becomes clean and quickly heals. All other treatment is superfluous. In ulcers of the prepuce, which are out of sight, after irrigating, a little starch flour is introduced. When the superficies of the ulcer has lost its characteristic aspect, a stratum of collodion is painted on it, and it soon heals.—*Id.*

NOTE ON PAREIRA.

BY EDWARD R. SQUIBB, M.D.

Pareira Brava is a drug which has withstood the mutations of therapeutics and commerce for nearly two hundred years, and it is a singular and significant fact, in view of its commercial history, that it has sustained a sound reputation with many critical observers.

It appears to have been introduced to European practice from Portugal, but its sources were Mexico, tropical South America, and the West Indies. Under a name so indefinite as "wild vine," or "bastard vine,"—the translation of the name Pareira Brava,—it is hardly possible that the markets should have always been supplied from the same plant, even after its botanical source was determined, and hence the varying descriptions of different authorities may be accounted for. The writer has been familiar with it, both in its use and in its market character, for more than twenty-five years, and for the last half of this period supposed he knew the substance with some degree of accuracy, as its appearance was more uniform than that of most drugs. It, however, never had more than a very general agreement with any of the descriptions given of it: and the almost universal testimony of those physicians who knew it best was, that although very efficient in the treatment of chronic diseases of the mucous membranes of the urinary passages, it was only useful when given in doses very much larger than those prescribed by the books.

It has so happened, that in the New York market the trade in this drug has been largely, though not exclusively, confined to one drug house, and its appearance, as met with here, is identical with occasional samples seen from other cities. Some ten years ago, the annual sales here did not exceed three or four hundred pounds, and the price was fifteen to twenty cents. A Portuguese merchant, stimulated by this high price, im-

ported a lot of some ten thousand pounds, and unable to sell it except in small lots at the expected prices, stored it for a year or two. This was found to be expensive management of so bulky an article, and the lot was finally sold at eight cents, and supplied the market for years. Another lot of about half as much shared the same fate, and fell into the same hands. The fate of these two lots and the glut of the market, seems to have stopped importation entirely, and by 1871, when the annual sales had reached three to four thousand pounds, the supply became exhausted. In resorting to foreign markets it was found scarce, and to be had only in small lots, and these, on arriving here, were held at seventy-five cents to a dollar a pound. In looking critically through one of these small lots as a purchaser, the writer was surprised to find nearly one-half of it so entirely different from any hitherto seen, that he rejected it, and at once pronounced it a fraudulent adulteration or substitution, made in the interest of the scarcity and high price, and carefully selected out for purchase that only which he had seen before. Some specimens of this supposed fraudulent Pareira were, however, taken for examination, and were found to agree well with some of the older descriptions. A plate given by Pomet in his History of Drugs, published in 1737, and a close examination of the structure, &c., convinced the writer that this was the true Pareira root, and that what he had heretofore seen was the stem.

In a critical review of the descriptions of Wood and Bache, and Pereira, these descriptions were found to apply to both, as nearly as such descriptions generally do to foreign drugs, but that they applied much better to the ligneous woody stem, which is comparatively insipid and inert. The root is very much darker, almost black externally, and both the annular and vertical wrinkles are very much larger and more prominent. It occurs in shorter sections than the stem, and gnarled pieces are found eight inches to a foot in diameter. The texture is far less compact than that of the stem, while the beautiful arrangement of the consecutive rings seen in a cross section, which requires a glass in the compact stem, is well seen with the naked eye in the root. The sweetish and afterward bitter taste of the woody stem is very feeble, and even when in the finest powder, it yields very little extract to any menstruum. The taste of the root is, however, very much stronger, and yields at least twice as much extractive matter to the menstrua. The specimens herewith presented illustrate the difference between the root and stem much better than any description, and will render further explanation unnecessary.

It thus appears that, for some twelve or fifteen years past, this market has been supplied with the comparatively inert stem, instead of the root of Pareira; and that the ideas of at least one careful purchaser had become so fixed upon the intractable woody stems, that when the roots did appear, they were very nearly rejected as a fraudulent substitution. The importations of this year thus far have come from the European markets in small lots, and have been a mixture of root and stem, but less of the root than stem, and the chief object of this note is to attract attention to the drug, and create such a demand for the proper root portion, that after the present scarcity is over, and the market comes to be again supplied direct, the stem may be rejected.

There is no doubt whatever as to the peculiar efficacy and utility of this drug within its legitimate sphere in therapeutics, and the wonder is that it has been able to sustain its well-tried and time-honored reputation upon the feeble medicinal properties of the stem.

Enuresis.—Dr. Woodman, in a clinical lecture at the London Hospital, published in the *Medical Press*, recommends the following method of investigating cases:—

1st.—Inquire carefully into the duration and frequency of the incontinence, and into the previous history of the child and the family.

2d.—Carefully note the diathesis, and general bodily condition of the patient.

3d.—Examine the *urine* by test papers, by other tests, and by the microscope if necessary.

4th.—Make a careful examination of your patient, including the anus and rectum amongst the pudenda, and, if need be, exploring the bladder also. I need not enjoin upon you all possible delicacy and tenderness in these examinations. You must explain the necessity to the parents—and you will often astonish them by evidences of neglect of cleanliness, or of the existence of sores of which they were ignorant.

5th and lastly.—Suit your treatment to the case; removing or soothing all causes of irritation, and at the same time endeavoring to improve the general health, for it is quite true that delicate and tubercular children, or those weakened by long and severe illness, such as the exanthemata, suffer most. Above all things *do not countenance corporal punishment for this* bodily infirmity. It is as cruel as it is usually useless; and I am in the habit

of saying that the parents or nurses ought to be beaten, and not the little patients.

Dr. W. mentions the following *auxiliaries* to treatment, useful in a great number of cases:

There is first the warm-bath; a sitting-bath is all that is generally needed. It should not be too warm, indeed 90°, or at all events 98°, is quite warm enough. Next, I have found it of great service to forbid the little patients to drink anything after their tea (say at five or six o'clock), unless thirst be extremely pressing.

On the importance of *waking* them up once, twice, or more in the night to make water, I need not dwell. This is not so cruel as it seems; the child is soon asleep again in most cases. It is also well not to let them lie on the back. The trigone of the bladder is the most sensitive part, and, besides, it is possible the posterior regions of the spinal cord get unduly congested. A reel (such as used for cotton) fixed in the middle of the back sometimes prevents this, and the child may be turned over on the side. For local sores, the glycerine of tannin, aided by cleanliness, is very valuable. I wish it did not stain the sheets so much. As tonics, mineral acids with bark, and the perchloride of iron, are the best I know; and, if sweetened, children seldom refuse to take them, which is a great advantage.

As a sedative, belladona is, perhaps, often better than opium. You may give from one-eighth to one-fourth of a grain of the extract even to very young children, three or four times a day. This is the most successful empirical remedy I know, and obscure cases always deserve a trial, increasing the dose within the limits of safety. Should the urine, however, be saccharine, ammoniacal, or phosphatic, opium must have the preference. For ascarides you will use local injections. Salt and water enemata are as good as anything else. In epileptic cases, cod-liver oil (if the fits are tubercular in origin) will perhaps deserve to be considered as more than an auxiliary.—*Id.*

Of Drains, Smells, and Fevers.—The free ventilation that has recently been given to the unsavory subject of sewers and drains, in connection with outbreaks of typhoid fever, will, it is to be hoped, lead to practical ventilation of the sewers themselves, so that the noxious gases pent therein, and panting for escape, will be accommodated in this respect in a way as little prejudicial as possible to the health of the community. Time was when main drainage was unknown; houses were drained into cess-pits, and from time to time a functionary known as a "nightman," visited the premises in the dead of night, and bucketed out all the collected filth into his cart, to be carried away and used as manure. It did not appear that these nightmen were specially liable to fever or other disease in consequence of their avocation; indeed, the belief among some was that the occupation was rather healthy than otherwise, perhaps in consequence of the stimulating ammoniacal odors so freely inhaled.

However, we have now changed all this; at least, in most large towns; and houses are put in connection with an almost endless vista of long drains, which, while rather carriers than reservoirs of sewerage matter, are always full of most poisonous gas.

How many outbreaks of typhoid fever, especially in windy watering-places, have been called by the current of wind up these sewers, forcing the gases into houses, it is needless to say. One well-known instance we can easily call to mind, and the effect, at the suggestion of a well-known engineer, of introducing ventilators protected by charcoal, was a prompt means of thoroughly arresting further outbreak of typhoid in the place.

A consideration of these matters of experience will show that flushing the sewers of any house or district, at a moderate elevation above the trunk sewer, must be most dangerous, for the reason that, as the torrent of water rushes along, it displaces the gases that are collected in the sewer, and these, rising upwards, may be driven into a dwelling-house with all the force that is exercised by the pressure of the current of water.

It is, I presume, to guard against this very evil that Mr. Rawlinson has suggested the simple but most rational expedient of having the lid of every water-closet perforated with a hole just over the handle, so that this may be pulled up while the lid is closed, and so the stinking gases, displaced by the water-flow, cannot enter the house.

It would be out of place here to enter into the arrangements by which house-drains can be safely flushed. The principle to be kept in view is that the gases rise up as the water goes down; and such arrangements in the way of ventilation must be made as will secure for these gases a free outlet into the open air. The old-fashioned cess-pool of stagnant filth may have its objections; but practice tends to prove that sewerage in active motion may be more dangerous to the public health than the same matter stagnant and at rest.—*The Doctor.*

Original Communications.

THE PATHOLOGY OF HYSTERIA.

A Paper read before the Chicago Medical Society, July 15, 1872.

BY NORMAN BRIDGE, M.D.

Few diseases have been more carefully described, or, in symptomatic phenomena, are by the medical faculty better understood than hysteria. Yet in explaining the real nature of the diseased action, the pathology of the affection, there has been great difficulty, the causes and symptoms of the disease being often strangely confounded with each other, and with the way in which one leads to the other.

All are familiar with the phenomena of hysteria and all know about many of the causes, the conditions of bodily constitution and health, that lead to the strange manifestations. That certain peculiar mental states occur in many of the cases, and that in not a few there occurs a curious perversion of emotion and often as strange a lack of seeming sincerity and honesty, is all well known. It is less easy to see how any or all these conditions are related to such symptoms—how the latter are produced.

It seems to me that much of the difficulty of the question comes from our constant habit of looking for some lesion of an organ, some one poisonous agency or morbific influence as the cause of disease. It is the nature of our minds to do this. We find one poison to produce small-pox, or measles, or malarial fever; one agency to bring on pneumonia or rheumatism, and are satisfied. We examine the organs and influences of mind and body for some single thing as the cause of hysteria. We fail to see how any one of our supposed causes could possibly lead to all the phenomena of the disease, and so we are not satisfied.

There is not found any one lesion of body to be a constant attendant on hysteria; disease of the uterus has been thought to be such, but so far is this from the truth, that persons without the uterus have the disease; probably in a majority of cases of hysteria no lesion whatever is discoverable.

So far as our insight can reach, the affection is, as near as any disease may be, a functional one; and its functional manifestations are of the nervous system, and of that part of the nervous system closely connected with the part where resides—to use a common phraseology—the mind. Indeed, in more than half the cases of hysteria, certain phases of mental manifestation are involved as elements of the trouble. What is the sly plot, the intrigue of the patient to arouse the sympathy of others in her case, but an operation of mind? And the hysterical convulsions into which a patient falls when bystanders are discussing her afflictions; could there be a better example of certain trains of thought on the body?

Nor is the cerebro-spinal the only part of the nervous system that is involved. The sympathetic, in all its influence over the circulation in different parts and over the operations of the visceral and glandular organs, shows that it too becomes included in the general diseased action.

The nervous system in its physiology, and more in its pathology, is a labyrinth. Yet I fail to see how the pathology of hysteria can be understood, save by a study of its phenomena of disease, from the standpoint of the physiology of the mind and higher nervous functions.

The phenomena of the disease are to a great extent phenomena of the mind, and such as may arise from the effect of the mental nature on the body, and we ought to study them as we would any other psychical phenomena—as we would insanity. Until insanity began to be studied from this standpoint the insane were locked up and treated like wild beasts, like murderers and those possessed of devils. Hysteria has been regarded as a condition of moral obliquity, as a synonym of deception and often of ugliness: physicians avoid telling their patients they have the disease, lest the statement might be regarded as an insult, as an accusation of lying would be. When the physiology of all mental acts comes to be more understood

this humiliating condition of things may, let us hope, be bettered.

The operations of mind in all its phases—with all its faculties, supposed to be different things—more truly different modes of action of one great organ — its connection with organs of the body, its influence on them and their influence on it; all these actions, interactions, and relations, make of course a study of singular complexity. Yet only by going into the detail of these things can we arrive at the correct nature of any disease in which mental operations play a chief part—of a disease like hysteria.

Nearly all actions, and many thoughts, to which human beings are impelled, have for their directing influence some feeling of pleasure or pain to the individual doing them. This is the essence of the first law of our natnres—self-feeling, love of the things that will profit and please, and dislike of the things that may in any way cause pain.

This feeling gives color to thought, it influences and moulds thought and reasoning, and the two together make what we call *emotion*. The emotional nature which we are told has so much to do with hysteria is simply that capacity or faculty by which the operations of reasoning and abstract thought are influenced by this native self-feeling. One in whom this control is great is said to have a powerful emotional nature.

It is that faculty out of which directly or indirectly come the sympathies, the affections and attachments, the envy, hate and jealousy. Women have it more than men, but all people have it. It is distinct and has a different seat in the brain from reason or ideation.

A man can reason as well on mathematics, law, or medicine, without the emotions; in his reasoning they are not required. His reason deals with abstract things; his emotions deal with himself. Reasoning is an endowment by which we are able to comprehend the relation of things in such fashion that we are called superior beings; that which is the main-spring of the emotions is the endowment by which we are made to care for self, to have associations and society; out of it grows most of the amenities of life, and by it are developed elements of our better nature.

The emotional processes have their seat, according to authors, in the sensori-motor centers—the optici tholami, corporæ striatæ, and tuberculæ quadrigeminæ, the ganglionic nuclei of the nerves of the special senses, and possibly the cerebellum, the ideational function being carried on by the cerebral hemispheres.

This mass of brain substance—the superior lobes—is unconnected with the body by any nerves save what pass through the sensori-motor centers; it is hence placed beyond the reach of impressions or sensations from without, and is unable to send any impressions to the body except as they all pass through the last named centers. These centers in the base of the brain then, receive all the nervous impressions that come from the body; in them, by the relaxation of these impressions, most of the impulses—not the ideas—originate. From these centers the impressions that are made upon them pass up to the ideational centers, and through them the volitions of these upper centers are made into actions through the bodily organs. If the impressions made on the sensori-motor centers are brief or slight, they give use to sensation and reflex action directly, without affecting the center of ideation, while if they are severe or long continued, they are transmitted upward to the centers of reason. The sensori-motor are the only centers which affect directly the bodily organs, and it is they that are, of all the brain centers, affected by them; it is to them the organs in some way make known their needs and their complaints.

This sympathy between the mind centers and the organs must be kept constantly in view; as a force in our physiology it is almost all-controlling. The condition of every organ of the body influences the state of mind; their various states lead to nearly all the moods. Irritation of the lung substance, as in consumption, causes a buoyant mood; that of the liver, one of despondency and gloom; a patient with heart disease is kept in horrid suspense of mind, while any irrita-

tion of the sexual organs, as is well known, influences the mood of mind more than that of any other part.

It is not unlikely that nearly every morbid mood into which we fall, if not directly due to some external cause, may be explained by some state of bodily organs. And if irritation of an organ for a short time may evidence a mood, it may, long continued, make that mood a fixed mental state, a characteristic of mind, a part of individual character.

In this way men, from irritation of stomach, become habitually morose, so that on a cure of the dyspepsia the mental state does not entirely recover; men are made chronically melancholy by some irritation of liver or heart, and insane about self-abuse of the sexual organs.

Not only do bodily conditions determine mental states, but every unusual mood of mind directly reflects on the organs of the body and tends to induce that condition which, itself otherwise induced, would cause the mood. The familiar effects of mental states on the action of glands, of digestive organs, of the heart, and on the sexual system, are only a few examples illustrating this principle.

If again a certain frame of mind, momentarily induced, can so affect bodily organs, the condition long continued or made habitual, must induce permanent changes in the health and condition of such organs.

Mental states, besides largely determining the functional activity of visceral and glandular organs, induce all sorts of muscular action and of sensation, evincing the sympathy between mind and the animal nervous system. The range of this influence is very wide and varied. A physician in this city has been subject for many months to attacks of gastralgia or of sciatica whenever he engages in difficult study. A gentleman connected with the press has, for several years, whenever engaged in perplexing brain-work, felt a pain in the back side of his head, on the right side of the mesial line. People subject to all degrees of chorea are frequently thrown into the worst muscular action by mental embarrasment. Dr. H. Jones says, that "sudden fright causes epilepsy, and next to this fits of passion, distress of mind, and venereal excess," produce it. I am informed of an intelligent woman, now residing in this city, who, on becoming frightened or receiving any profound mental impression, has a severe pain the whole length of the spine, and this is the only symptom she has.

With these facts closely in mind, if we could gain fully one other principle of physiology, it seems to me we might get some insight into the correct nature of the production of hysteria.

That principle is this, that every faculty of mind—of nerve center—*grows by exercise.* This is true of memory, of reasoning, of ability to do in any one direction; it is because of this fact that everything is learned, that we acquire the ability to do certain things, as it were, by intuition. The intuition is only a state of nerve-culture, inherited or gained by habit, by which certain acts are performed more easily than others.

Every tendency of mind that is abnormal, if persisted in, becomes the settled habit of the individual; it becomes with him automatic; it is a part of himself; it has come to be an instinct. This seems to be more true of the emotional than any other manifestation of mind.

Now, at any time, and in any organism, emotion has a strong influence on bodily functions. If any phase of emotion is persistently indulged in, repeatedly exercised, or stimulated, its power over the body and being will grow to be almost supreme. This occurs from the close sympathetic connection between the general nervous system and the sensori-motor centers; the phenomena are morbid in character as well as time and place, and the emotion acts as any other abnormal stimulation might to produce them. So powerful is this, that in one in whom the emotional nature has become, by constant stimulating and pampering, or by any means overgrown, any slight disturbance causes the muscles of the body to be thrown into violent contortions, the sensation of choking to be felt in the throat, or violent weeping or laughter to be manifested. We call it hys-

teria, but it does not differ in nature from many phenomena in persons not hysterical.

But this case supposed is a form of hysteria in which evidently only the emotional centers —the sensori-motor— are involved. Such patients will show no signs that the reasoning powers—the ideational centers—are at all disordered. They will be conscious of what they have been doing, will be free to talk and reason about it, and not unlikely will reproach themselves for being silly and not having more self-control. Their logic, whatever else happens, does not get faulty.

The more common form of hysteria is that in which the erethism of the emotional centers has affected those of ideation—the same sequence of events absorbed in most regularly progressive insanities—and the other symptoms are joined with wrong mental action, distorted conception of things, and the patient comes to have a fixed delusion. This often makes her to indulge in all shades of deception and intrigue, even to the subjecting herself to severe suffering, to keep up the belief in her ills and to arouse for herself sympathy.

This patient is insane; and I fail to comprehend how her case differs, in the nature of the elements involved and in their order, from that of any true ideational insanity of a mild type. In insanity the first step is disorder of the sensori-motor centers, giving hallucination to erratic conduct; then this disorder is extended on upward to the superior centers, the seat of ideation, and there is an outright delusion; the man's reasoning is deceptive and wrong. How closely does this agree with the description of the steps in the progress of hysteria.

Patients with the latter form of hysteria will never acknowledge their erratic conduct, will never talk about it with an open frankness; if spoken to in reference to it, they will evade the subject, or break out in laughter or crying.

One of the most positive proofs that ideational insanity, in any case, still exists, is that the patient remains utterly oblivious of the fact that delusion has existed; a clear proof of ideational hysteria is the persistent evasion of the subject by the patient.

Now, let the symptoms and conduct due to this mental and nervous state—the hysterical symptoms—be often repeated, and the cerebro-spinal axis becomes so habituated to them, that it will, on slight disturbance of any sort, cause them to be reproduced. It becomes a habit of the nerve centers, and can no more be prevented than the lower animals can avoid doing what they are by instinct impelled to do.

So it happens, that in these confirmed hysterics, the fits continue to recur long after the patient has honestly tried to stop them. They come on without her consciousness even; they are her automatonism.

In the way of its production and in its *modus-operandi* a case of this description cannot differ very far from a case of confirmed epilepsy, the first fits of which were induced by act of will; several such cases being on record. It is even more like a case of confirmed epilepsy, the first paroxysms of which were caused by reflex irritation of some sort, in a weak and nervous system; which case, by the way, is exceeding common.

In the worst cases of hysteria then we have, to begin with, a perfectly natural emotion. From some disease of an organ, some weakness of organization it may be, this emotion is too much indulged in; then comes out of it the natural love of being observed, the desire for sympathy and pity. The more the mind dwells on the pity of others, the more rapidly grows the feeling, and she comes to care more for the sympathy others have for her than she does to recover from any infirmity. Her chief enjoyment comes to be in the consideration and attention of others and the thoughts about herself; the thought comes to be painful that a time must come when, by her recovery or otherwise, this sympathy will be withdrawn. It is only a short step from this condition, only a slight change in the state of mind, to one in which she will, by systematic planning, keep up the interest and wonder in her case, in which she will deceive others and injure herself to accomplish this purpose.

At first thought such a gradual change from a normal mental state to one of such perversity, seems absurd and wholly unaccountable, except on the theory of thorough depravity. But when the strong love of self, of appearance, of popularity, of being thought remarkable or peculiar, which are such constant parts of all our natures, are considered, it is so far from strange that a little stimulation or overgrowth of the emotions should lead to all these, the symptoms of hysteria, that the greater wonder is we do not see ten times as much of the disease as we do.

But, however caused, the nervous symptoms of hysteria—the choking, crying, laughing, paralysis, spasmodic contraction of muscles, and diseased sensations—must be regarded as hardly possible to occur in any but a nervous system in some way weakened, by overwork or other cause of debility; with such debility it is always more easy for any similar symptoms to be produced.

With all debility of nervous and muscular tissues, their irritability is increased; and the more easily are sensations and motions induced. They occur on slighter stimulation, and are made more active on the ordinary normal stimulation. This is a law of the system, of the physiology, which is pathology; it further seems to be a law of the system that, as this debility comes on, and this irritability increases, the tendency grows for the various functions to be unnatural in character, as are the spasms and morbid sensations. Yet these erratic phenomena, the spasms of all sorts, the pains and abnormalities of sensation, are little more than what might be produced by simple increase or decrease in the normal function.

We have a multitude of examples of this erratic action in various diseases besides hysteria, and in many others besides this affection the mental state acts as a stimulant or irritant to the sensitive motor centers to produce the phenomena.

Epilepsy is one of them, directly and clearly produced by mental action; by fright, anger, and other depressing passions, as well as outright intention to produce it. Chorea is due very frequently to fright and terror in children, and is vastly aggravated by mental worry and embarrassment; it occurs, moreover, chiefly in children, stamping it as a disease of delicate nervous systems.

Indeed chorea, epilepsy, and hysteria seem to be convertible conditions, insomuch that they frequently take the place of, and are substituted by, one another. The jerking in torticollis and even asthma are aggravated and occasionally induced by emotion.

But we ought to expect that fatigue alone of the nervous system would, in certain sensitive natures, give rise to many of the symptoms of hysteria. It would require a peculiar organization doubtless, but we have analogue in the case of convulsions of children from debility, in which the text-books caution us against treating the cases for cerebral inflammation; also in the case of violent struggling of men and animals on losing suddenly a large quantity of blood—in which there is debility suddenly induced of the nervous system, but no outright lesion of it.

It is no more remarkable that hysteria should, in its symptoms, be produced likewise by debility, and it is the clinical fact that cases of this character frequently occur; cases in which there is no abnormality of emotions whatsoever.

Thus we have three forms of hysteria:—(1.) That due to overgrown emotions acting on a weakly nervous organism, but without will or ideational function entering into it as elements. (2.) That in which, in addition to these conditions, the ideational powers are involved—purposeless deception and delusion. (3.) That in which the only pathological condition consists in an overtiring of an already sensitive, nervous system.

Probably the ultimate nature of many of the symptoms of hysteria no man, in the present state of pathological science, can fully explain; but what I am anxious we should keep in view in this discussion is, that the functional symptoms differ in nature very little from those of many other diseases, such as epilepsy, chorea, and anæmia; that they are not the outgrowth of any new force operating in the system, of anything introduced specially into it, but are due to the

forces and powers that are natural, and these may occur in any person.

We may invoke congestion and anæmia of nerve centers and their paresis to explain these functional symptoms; we may say that reflex irritation causes them, or attribute them to any other of the palpable causes which even lead to such symptoms, and we will probably be doing a perfectly warrantable thing, for all such agencies doubtless do operate at times in producing the phenomena. But we must keep in mind that exactly the same causes induce the symptoms here as in other diseased conditions, and when we get at the explanation of them elsewhere, we will have the science of them in hysteria. Above all we must remember that habitual exercise of any nervous center, faculty, or element, tends to be repeated and to have increased power in this direction, and that in this way abnormalities may easily grow up through the emotional condition, giving us all the phenomena of hysteria. This fact, that the abnormal functions of sensation and motion may be induced by the character of development of faculties of mind—really the automatonism of those nerve centers most closely connected with the bodily functions—seems to me to be the most distinctive feature of the pathology of the disease under consideration.

The foregoing view leaves untouched some questions regarding this disease which deserve consideration. Among them is the question, first, of what part disease of the uterus plays as a cause of the malady; and, second, why women have the disease more than men.

There are large numbers of women who, with every form of disease of the uterus, are entirely free from hysteria, and there are but very few who seem to be thrown into the hysterical state solely by disease of this organ. These facts are well substantiated, and seem to warrant us in assuming that disease of the uterus does not act in any marked manner as a cause of hysteria.

But there is a way in which we conceive the condition of the uterus has much to do with this affection. Hysteria is pre-eminently a disease of the emotions, which perhaps, stated differently, is to say, that hysteria, in a majority of cases, is some unsatisfied like or dislike. I am not sure but this division of hysteria would be properly defined as a disease of the nervous system due to an unsatisfied longing for some stimulation—the stimulus, the longing, or both, being morbid.

The emotions are pre-eminently the outgrowth of the states of the sexual organs, in both sexes. Not that emotion cannot exist save as determined by these organs, but they are more vital and absolute in the control their condition has over the emotions, than almost all other organs put together. The change in the life of the eunuch by his castration is chiefly in his emotions. Men born with testicles atrophied, or in whom this change has spontaneously occurred afterwards, and women without ovaries, illustrate equally this principle. But the various states of quiescence and stimulation of these organs that we see every day in naturally formed people, prove this law better than any condition of monstrosity.

If emotion hence can be induced at all, or directed, it is most easily done by some state of the sexual system. In proportion to the early development or the active nutrition of the uterine system, in proportion to the irritation of this system, we may fairly conclude would be the vigor of the emotions. This is what observation shows to be true. Hysteria does not most often occur in women with diseased uteri; but in those whose sexual systems, by the pampering of society life, by a self-life in lascivious thoughts, or by a very rapidly growing physical frame, are highly developed and sensitive; in those in whom this system is active in its control of the functions.

The male sex illustrates the same principle. When there is real organic disease of the sexual organs, as inflammation or ulceration, there is seldom much change in the emotional state; but let these organs be over-stimulated, as in boys addicted to abuse of self, or in persons who indulge in venereal excesses, and see how quickly the peevishness, egotism, jealousy, and unaccountable temper, pro-

nounce a state identical with hysteria. The trouble is too much excitement of the sexual system. Take again the case of an elderly man who, after years of regular and legitimate sexual indulgence, is suddenly deprived of it, and the restraints of society compel his continence, and note how soon his emotional nature discloses the fact; he indulges in sickly sentiment, in writing poetry, he thrusts himself into female society, and does a dozen other things he would before have believed himself incapable of.

Let the emotional nature be aroused by any other cause and there can be no question it would and does act directly upon the nutrition of the uterine system to stimulate it and make it sensitive. The two states are accompaniments of each other. So it must happen that, with the increased emotional activity, there would be a congested, overstimulated, sensitive condition of the uterine system.

Such conditions are always most conducive to the development of diseases of the uterus; they are so written down in all the text-books on gynæcology, and beyond question correctly so written.

The uterine disease and the hysteria then are, as a rule, like results of the one cause, and not respectively cause and effect, and I believe this is the only and the true relation between the two conditions.

This view too explains the fact that women have more hysteria than men. The uterine function in woman's physiology plays a more important part than any function, than almost all the functions in the body of man, except only those functions called vital; all of which is sufficient reason why she might be expected to have more emotion than man. And perhaps this is the only way in which the evident plan of her creation was to be carried out, by which to fit her for the highest office human beings fill—that of motherhood—it was evidently meant she should have less coldness and more emotion and tenderness than man.

Her weaker physical frame and her liability to frequent physiological drains on her vital powers, are sufficient causes for her giving way to the emotions more readily and having less nervous self-control than man. And this explains the increased hysterical tendency.

AREOLAR CARCINOMA OF OMENTUM, SIMULATING OVARIAN TUMOR.

BY N. SENN, M. D., ASHFORD, WIS.

Read before the Fond du Lac Co. Medical Society, Dec. 25, 1871, and published by request.

We often obtain great benefit from the mistakes of others.

This rule is applicable not only to merchants, clergymen and lawers, but more than equally so to the medical profession. What an everlasting impression is made upon the mind of the novice in medicine, when he reads in every standard surgical work, the story that no less a man than John Hunter tapped the bladder for ascites, and in Sir Astley Cooper's Lectures he hears of the famous "dry tap." These are lessons never to be forgotten; they have stamped themselves indelibly upon memory's tablets, and present themselves fresh and anew every time he is called upon to treat an obscure abdominal enlargement. If medical men would be more honest, and as anxious to report their mistakes as their correct diagnoses—their unsuccessful cases as well as their successful ones—our field for progress would be a wider and more fertile one, our statistics more extensive and reliable.

Obscure abdominal tumors and enlargements are some of the most difficult and perplexing affections to diagnose. Of this we had lately an instructive illustration in the case presented by myself to the members of this society for examination and advice at the last meeting. I refer to the lady with the abdominal enlargement. As the opinions of those present differed widely as to the nature of her case at the time, it must be interesting for you to hear further from the case.

The patient has since died. A post-mor-

tem examination—which was insisted upon and finally consented to by her relatives and friends—has revealed the true nature of that enlargement. I will, however, attempt first to give a full history of her case.

Mrs. E.; æt. 44 years; no hereditary diseases existing among her family relations. She was the mother of six children; a robust, healthy, active woman. After her second confinement, fourteen years ago, her abdomen remained larger than usual; she suffered some from backache, general debility, and menorrhagia. She obtained no benefit from medical treatment. Two years after, she was delivered of her last child, being now twelve years of age.

The same train of symptoms re-appeared. Menstruation ceased about a year ago. She remained about in the same condition until the latter part of last summer, being able up to this time to attend to her domestic cares, and even work on the farm; from this time, however, she thought her abdomen began to increase in size.

When I first examined her, about two months ago, she appeared like a woman in good health, ruddy complexion and well nourished; pulse 75; respiration normal. She complained of some pain and a feeling of distress in the umbilical region; appetite poor; bowels constipated; no prominent pelvic symptoms.

A physical examination of the abdomen and pelvis presented the following facts: Abdomen nearly as large as at full term of pregnancy; in the erect position it was prominent, projecting forward; dullness on percussion from pubis to umbilicus. In the recumbent position on her back, with the legs drawn up, considerable of the rotundity of the abdomen remained; right iliac region more prominent than the left; percussion dullness more marked and diffuse on right than on the left side, and extending from pubis to near umbilicus; some changes in percussion sound in different positions; the right iliac region, however, remaining perfectly flat. Although no distinct and circumscribed tumor could be satisfactorily felt, still there existed a fullness and sense of resistance from the umbilical to the right iliac region. Fluctuation distinct; uterus slightly prolapsed and pressed forward towards the pubis; uterine sound passes to the depth of three inches; body of uterus easily movable in all directions. Liver, heart and lungs apparently healthy in function and structure; urine scanty, loaded with amorphous urates, containing no bile nor albumen.

With this history of the case, and these physical signs and symptoms, it was difficult to describe whether we had to deal with a simple serous effusion into the peritoneal cavity, or with a large multilocular ovarian cyst. The patient was unable to state when the enlargement first commenced.

On the one hand, the healthy condition of the central organs, and the absence of cancerous tumor or tubercular deposits in any other organ or part of the body, seemed to be against the supposition of ascites; on the other hand, the patient claimed to have suffered from enlargement of the abdomen and pelvis symptoms years before. Various remedies were administered, but all failed to reduce the swelling or even afford temporary relief. The abdomen gradually but steadily increased in size; the general health began to fail.

Soon after you saw her, she was confined to her bed; the pain became excruciating; total loss of appetite; hectic fever and rapid emaciation followed.

On the eighth day of November the abdomen was so much distended, that it materially interfered with respiration. She was now tapped in the ordinary manner and about four gallons of serum removed. The fluid was strongly alkaline, with a specific gravity of 1012°, and on the application of heat and nitric acid deposited half of its volume albumen.

The relief afforded by tapping was only partial; the pains continued in their severity, and required large doses of morphine to moderate them. Soon after the operation the right leg became œdematous; her abdomen refilled rapidly; prostration with profuse sweating followed.

On the 20th of November I was sent for

in great haste to tap her again, but before I arrived she had a severe rigor, followed by intense abdominal pains, delirium and collapse, from which she never rallied. She died in the evening of the same day.

POST-MORTEM EXAMINATION TWENTY-FOUR HOURS AFTER DEATH.

Nearly as much fluid was removed as during the first tapping. The serum was of a straw color, and contained patches of lymph.

On opening the abdominal cavity, the parietal peritoneum was found congested, its surface perfectly smooth. The omentum almost over the entire surface presented one diseased mass. It appeared to be infiltrated and covered by a heterologous formation of variable color and consistency. At some points there were masses of a dull white color; at others resembling white jelly; and still others of an almost brownish hue as though blood had been intimately mixed with it. The consistency varied from a jelly like amorphous mass, to the natural density of the tissues in that locality. The omental fat was interspersed in various proportions with these deposits; in some localities it preserved its normal quantity and appearance, while in others it was entirely replaced by this new material. The vascularity was great in some portions, while others were almost devoid of vessels. The omentum was adherent to some of the intestines beneath.

The greater part of the tumor was located in the right groin, where it was so extensive as to press upon and partially obliterate the iliac vein, giving rise to œdema of the right leg during life. The mesenteric glands were only moderately enlarged. All the rest of the abdominal organs, with perhaps increased vascularity, were healthy.

With the microscope, large, round, oval and irregular cells, with large nuclei were found, also free nuclei, and fat globules.

Our literature on this subject appears to be very deficient. I have searched through the contents of several volumes of different medical journals, and have been unable to find a similar case. Some authors fail even to mention it in their text books.

Flint in his "Practice of Medicine," page 154, says, "Cancer of the peritoneum or omentum may occur primarily or by extension. Patients suffering from it may suffer but little pain, and be entirely free from tenderness. It generally proves fatal from one month to a year or more."

Niemeyer in his excellent work, vol. I, page 703, remarks: "Of the different kinds of cancer of the peritoneum the areolar is the only one which is accompanied by ascites. Schirrhus and medullary appear in the form of diffuse granulations over the whole peritoneal surface about the size of a pea. Areolar cancer, on the other hand, sometimes forms colossal tumors, which are almost exclusively formed in and on the omentum.

"The first symptom is the effusion. The diagnosis from ovarian dropsy he mentions to be in some cases extremely difficult and perplexing; even Bamberger's test, the percussion sound in the lumbar region, between the crest of the ilium and the last rib, frequently fails."

Bardeleben in his recent edition of his Extensive System of Surgery, vol. I, page 527, gives a very accurate anatomical and microscopical description of this affection.

"Areolar cancer of the peritoneum or omentum, generally appears as a diffuse affection, less frequently in the form of circumscribed tumors. It appears first in the shape of small tubercles the size of a hemp seed, either isolated or in groups; they are transparent or jelly-like. They gradually increase in size and coalesce into large irregular plagues, so that the peritoneum soon appears covered with a thick, jelly-like mass. The histological elements of the stroma vary. The coarse portion consists of distinct and strong connective tissue, which very much resembles the elastic fibrous tissue of the lungs, and when fully developed, contains but few cellular elements.

The finer portion is composed of a more uniform homogeneous or slightly fibrillated structure, and not infrequently contains round or oval nuclei and spindle shaped cells, with long projections, so that the finest network presents the appearance of being composed of arborescent and anastomosing connective

tissue cells. The vascularity of the stroma varies in different cases. It has been frequently observed that during the first stages of the disease there is marked hyperæmia around the individual centers of development, which undoubtedly is due to the genesis of new blood-vessels. The capillary vessels increase in size and multiply in number by the budding process. As a general rule the soft forms of areolar cancer are more vascular than the more compact ones. At an advanced stage of the development of the growth the vessels get destroyed. The chemical composition, according to Frerichs is similar to the synovia containing albuminate of soda.

Virchow denies the protein nature of this substance, and believes that mucus is the only material found in the normal condition of the body, bearing any chemical resemblance to the colloid substance. A microscopical examination of the colloid material demonstrates that it is composed of an amorphous mass, containing different kinds of cell structures, fat globules, either free or in cells, pigment molecules and pieces of stroma.

John Mueller, Virchow and Luschka found also fat crystals and cholestrin. The cells are conspicuously large, oval, or round, and contain a hyaline, tenacious substance, one or two nuclei, and sometimes a number of endogenous cells. The diameter of the cells range from 1-100 to 1-30 of a line; that of the nuclei from 1-200 to 1-70. In some cases the cells are similar to those found in medullary cancer. In some only the intercellular substance possesses a mucous or jelly-like property. Sometimes we find enormous cells at the periphery of the growth, appearing to the naked eye like macerated sage, containing a number of endogenous cells.

FRACTURE OF THE PATELLA.

A CASE BY DR. W. D. BARCLAY, MUSCATINE, IOWA.

A gentleman, fifty-five years old, in getting out of a wagon, lost his balance and fell on the ice, making a transverse fracture of the left patella. Three days after I was called, the tumefication and pain was so great, he suspected something wrong. I could indent the tumor sufficient to get my fingers between the pieces of bone, and easily move the pieces in separate directions.

The treatment consisted in a continuation of pouring cold water on the limb for twenty-four hours, reducing the swelling. I took adhesive straps three-quarters of an inch wide (the leg being in a straight position), drawing the lower part of the bone up—the straps running transversely, and up to the lower end of the femur—and the upper half drawn down in the same way, until I had perfect apposition of the bone; thence transversely over the fractured parts to hold them in position. The splint consisted of flannel cloth (double), reaching from the upper third of the femur to the lower third of the leg; sewing two seams up the center of the cloth, one inch apart, for the purpose of a hinge; stitching the upper layer of cloth to the inequalities of the limb, making a perfect fit. Mixing gypsum to the consistency of thick cream; spreading it three-eighths of an inch evenly over the cloth that covers the leg; then sewing up the outside part evenly before the plaster is set. The splint is then perfect to remove and put on as often as necessity requires.

At the end of six weeks the bone was united, the splint removed, and passive motion given. At eight weeks the adhesive straps were removed, and the patient walked with a crutch, and at twelve weeks walked comfortably, bearing all his weight on his leg. Cured.

BROMO-CHLORALUM.—This is a very efficient antiseptic, disinfectant, and deodorizer. It possesses the decided advantage of being in itself inodorous and nearly devoid of irritant properties, when locally applied. The writer has used it in many instances as a substitute for solutions of carbolic acid, with very pleasant results. It is not an anæsthetic sedative, like the latter, in its local application, and hence, in many instances, is preferable. We consider it a valuable addition to our medical armamentarium.—*Chicago Med. Jour.*

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, July 1st, 1872.

EDITORIAL.

Dr. H. R. Storer.—This gentleman, who has suffered a severe period of sickness, is now reported recovering.

Ethical.—At the recent annual meeting of the Michigan State Medical Society, three female physicians were admitted as members; and a resolution was adopted of the following import: "That the State Medical Society of Michigan adopt as one of its standing rules that members of the Society are strictly prohibited from advertising their business in any way but the following: 'John Doe, M. D., Physician and Surgeon,' or 'Oculist and Aurist,' or any other specialty, at the same time giving the number of office and name of the street on which it is located. If anything further is advertised, the member so offending shall be expelled. Specialists, who advertise as such, are not allowed to engage in general practice."

Foreign Honors.—The degree of Doctor of Civil Law has been conferred by the University of Oxford, England, upon Dr. Samuel D. Gross, of Philadelphia. The Obstetrical Society of London has elected to membership Drs. C. E. Buckingham and W. L. Richardson, of Boston. The King of Sweden has conferred the knighthood of the Royal Order of the Wasa upon Dr. Lewis A Sayre, of New York.

Society Reports.

DISTRICT MEDICAL SOCIETY—ORGANIZATION COMPLETED.

Pursuant to adjournment the physicians of Central Illinois met in Farmer City, July 2d, 1872, to complete the organization of "The Central Illinois Medical Society." Meeting called to order by Dr. C. T. Orner, Chairman.

Reports of committees being the first thing in order, the Committee on Constitution and By-laws, through their Chairman, Dr. John Wright, submitted a copy, which, after one or two amendments, was unanimously adopted.

Committee on Nominations, through their Chairman, Dr. Hill, reported:

For President—Dr. John Wright, Clinton.

For First Vice President—Dr. M. S. Brown, Urbana.

For Second Vice President—Dr. C. T. Orner, Saybrook.

For Corresponding Secretary—Dr. R. G. Laughlin, Bloomington.

For Recording Secretary—Dr. W. G. Cochran, Farmer City.

For Treasurer—Dr. H. C. Howard, Champaign.

For Censors—Dr. W. Hill, Bloomington; Dr. T. D. Fisher, Le Roy; Dr. J. T. Pearman, Champaign; Dr. C. Goodbrake, Clinton; Dr. J. S. Miller, Farmer City.

Report adopted.

Drs. Huddleston and Hill were appointed to conduct the President to his chair, when, by a few well timed remarks, he thanked the Society for the honor conferred upon him.

A motion that when we adjourn we do so to meet in Bloomington was carried unanimously.

Dr. R. G. Laughlin introduced the following resolution, which was adopted:

Resolved, That standing committees be appointed by the President on the subjects of Surgery, Practical Medicine, and Obstetrics, and that other Standing Committees be appointed at the option of the Society.

In accordance therewith the following committees were appointed:

On Surgery—Dr. C. Goodbrake, Clinton; Dr. W. Hill, Bloomington; Dr. J. T. Pearman, Champaign.

On Practical Medicine—Dr. R. G. Laughlin, Bloomington; Dr. J. D. Gardner, Mahomet; Dr. T. K. Edmiston, Clinton.

On Obstetrics—Dr. S. H. Birney, Urbana; Dr. T. D. Fisher, Le Roy; Dr. J. S. Miller, Farmer City.

Committee of Arrangements—Dr. R. G. Laughlin, Dr. W. Hill, and Dr. R. D. Bradley, all of Bloomington.

Committee on Publication—Dr. W. G. Cochran, Farmer City; Dr. S. H. Birney, Urbana; Dr. W. Hill, Bloomington.

Dr. Laughlin offered the following resolution, which was unanimously adopted:

Resolved, That the thanks of the Central Illinois Medical Society are hereby tendered to the Good Templars for the gratuitous use of their hall, and to the profession and citizens of Farmer City for their cordial hospitalities.

On motion of Dr. Hill, the Secretary was instructed to furnish copies of the proceedings for publication in the different county papers and the Chicago medical journals.

On motion, adjourned to meet in Bloomington, Illinois, on the second Tuesday in January, 1873.

Papers in the district, please copy.

W. G. Cochran, Sec'y.

ILLINOIS INSTITUTION FOR THE EDUCATION OF FEEBLE MINDED CHILDREN.

This Institution, which was inaugurated in 1865 as an experimental school for the education of feeble minded children, has been so successful in training this unfortunate class that at the last session of the General Assembly it was organized upon an independent basis, and was incorporated as one of the permanent charitable institutions of the State, thus completing the noble circle of public charities of the commonwealth of Illinois.

The design and object of the Institution is to furnish the means of education to children and youth of feeble minds, who are deprived of educational privileges elsewhere, and who are of a proper school-attending age. It is designed for those so deficient in intelligence as to be incapable of being educated at common schools, who are not epileptic, insane or deformed.

The education furnished by the Institution will include, not only the simpler elements of instruction usually taught in common schools, where that is practicable, but will embrace a course of training in the more practical matters of every day life; the cultivation of habits of decency, propriety, self-reliance and the development and enlargement of a capacity for useful occupation.

The combination which this Institution presents, of practical medical care and proper physical and mental training, with efficient educational resources, will supply, it is hoped, a want which has long been felt and imperatively demanded by this unfortunate class of children and youth of the State.

The improvement and progress of the pupils have been very encouraging, and parents and friends in almost every instance have expressed satisfaction with what has been accomplished in the short time since the school was organized.

The Institution is open to the inspection of the public at all reasonable hours; and all are not only cordially invited, but are earnestly requested to visit the school.

It is a State Institution, and board and tuition are free during the school year of ten months.

It is the desire of the Trustees to ascertain accurately the number of this unfortunate class of persons in the State, and persons knowing the residence of any in Illinois will confer a favor by reporting the same to the undersigned, as it is desirable that reliable statistics may be gathered in order that proper legislation may be made in their behalf.

The next school year will begin about the first of September, and those designing to apply for the admission of pupils should do so at once, as the accommodations are limited.

Applications for admission, information, etc., should be directed to

Dr. C. T. Wilbur, Sup't,
Jacksonville, Illinois.

DUBUQUE MEETING OF THE AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

CIRCULAR OF THE LOCAL COMMITTEE.

The objects of the American Association for the Advancement of Science are, "by periodical and migratory meetings, to promote intercourse between those who are cultivating science in different parts of North America; to give a stronger and more general impulse, and a more systematic direction to scientific research in our country, and to procure for the labors of scientific men increased facilities and a wider usefulness."

The following extracts from the Constitution and Resolutions of the Association relate to membership:

Rule 1. Any person may become a member of the Association upon recommendation in writing by two members, nomination by the Standing Committee, and election by a majority of the members present.

Resolution 9. Associate members may be admitted for one, two, or three years, as they shall choose at the time of admission; to be elected in the same way as permanent mem-

bers, and to pay the same dues. They shall have all the social and scientific privileges of members, without taking part in the business.

The Twenty-first Annual Meeting of the Association will be held at Dubuque, Iowa, commencing Wednesday, August 21, 1872, at 10 o'clock A.M.

On the evening of Wednesday, August 21, a reception will be extended to the Association by the Hon. Wm. W. Allison, U. S. Senator elect, and Chairman of the Committee of Reception. Response from the Association, after which Prof. Asa Gray, retiring President of the Association, will deliver his address and give up the chair to his successor.

From the success that has already attended the efforts of the Special Committees, and the expressed determination of the citizens to extend a liberal hospitality to the members, we can confidently promise that all can be entertained at private residences, *free of charge*, during the session.

The Local Committee, therefore, earnestly request those intending to be present to notify the Local Secretary by letter as soon as possible.

Members and those intending to become members will report immediately upon their arrival at the Reception Room of the Local Committee and register their names, when they will be conducted to the places to which they have been assigned.

Notice of the location of the Reception Room of the Local Committee will be posted at the railroad depots, steamboat landings, and in the street cars and omnibuses of the city.

Negotiations with the railroads have now progressed so far as to make it almost certain that we will be able to give return passes over all the principal lines.

By order of the Local Committee,

H. T. Woodman, *Chairman.*
S. Calvin, *Secretary.*

Dubuque, Iowa, July 4, 1872.

Gleanings from Our Exchanges.

Surgical Treatment of Aneurism.—The lectures of Mr. Holmes before the Royal College of Surgeons of England were devoted to this subject. The main propositions sustained by the accomplished lecturer were as follows:

1. Aneurisms, of whatever form or however near the heart they may be, ought not to be regarded as incurable, but should be made the objects of definite methodical treatment, internal or external.

2. There is definite proof, from pathological anatomy and from surgical experience, of the curative influence of Brasdor's operation in innominate aneurism, and of its beneficial effects in some cases of aortic aneurism.

3. Arteries may be successfully tied and obliterated without their continuity being interrupted; and this modification of the ligature, whilst affording much security against secondary hæmorrhage, and thus much diminishing the danger of the operation in general, may very probably in future enable surgeons to deal successfully with cases in which it may be necessary to tie the first part of the subclavian (whether on the distal or the proximal side of an aneurism) or the innominate artery.

4. Galvano-puncture may be used with, at any rate, temporary benefit in thoracic aneurism; its use is not so dangerous as to render further trials of it inexpedient; and there is good hope that the method may be so far perfected as to make it a safe and regular plan for the treatment of thoracic, subclavian, and other forms of aneurism.

5. Many cases, such as those in which ligature of the artery near to the heart has been resorted to for the cure of subclavian and subclavio-axillary aneurism, may be made amenable to improved methods of pressure.

6. Aneurismal tumors situated even as high as the lower part of the abdominal aorta, those of the mesenteric and other branches of the aorta, and of the iliac arteries, may be treated with success by rapid coagulation of blood under pressure; but this method is a dangerous one, and should not be used until internal treatment has failed.

7. There are cases of abdominal aneurism in which Mr. Syme's suggestion of reviving the old operation is worthy of further trial. —*The Doctor.*

Diagnosis of the First Stage of Carcinoma Colli Sterni.—Prof. Otto Spielberg, speaking of the difficulty of distinguishing between simple inflammatory induration of the cervix uteri, and carcinomatous infiltration, gives the following as a certain indication of cancerous infiltration, viz.: "*A peculiar induration of the cervix, the disposition of its mucous membrane, and its reaction to the dilatation of sponge tents.*" He expounds each member of this rule.

The hardness of cancerous deposit in comparison with simple induration, is well known; but the distinction is frequently impossible to

make out, even by the most cultivated touch. The two other symptoms are unequivocal, and are as follows:

"First, the mucous membrane in cancerous growth is firmly connected with the underlying induration, and immovable over it, which is not the case in mere hyperplastic thickening and induration; and, second, while the latter, under the pressure of compressed sponge, in the cervical canal, becomes regularly even, though at times inconsiderably looser, softer and thinner, the cancerous infiltration remains unalterably hard and rigid, and cannot be stretched." He goes on to explain the reason for this difference between the products of the two inflammations from the locality where the cancerous inflammation originates, which is the utero-malphigii, or, in extremely rare cases, from the glands of the cervical canal. The latter form gives rise to the alveolar or colloid form, of which he has only seen one case. As a rule, the disease is developed from the interpapillary depressions of the epithelium. According as the growth of the epithelium into the tissues below is or is not attended by a simultaneous growth of the papillæ, two forms of cancer may be distinguished—the papillary velous, or cauliflower excrescence, and the simple infiltrated form.—*Cincinnati Clinic (from Archiv fur Gynækologie).*

Scholmann on Sulphate of Quinine in Cholera.—In the *All. Wien. Med. Zeit.*, Feb., 1872, Dr. Scholmann says that in 1866 several American physicians, in the cholera epidemic of the Mississippi Valley, had obtained remarkable results from sulphate of quinine. The author lost, in the epidemic of 1866, in Western Texas, out of 220 cases of choleraic diarrhœa and cholerine only three cases when he used the sulphate of quinine in gramme doses every two or three hours. Occasionally a quarter-grain dose of morphia was subcutaneously injected. When the diarrhœa did not disappear quickly, small doses of calomel were given hourly. Rest in bed and careful diet were observed. The author looks upon the way in which quinine acts as being due to its antiseptic properties; and he looks upon cholera, not as a parasitic disease, but as an acute tonic gastro-enteritis, with which is conjoined, in the period of asphyxia, an universal spasm of the vessels of the most marked form, a tetanus of the arteries. In whatever manner the poisonous particles enter the system is immaterial; the first symptoms of their entry are confined to the mucous membrane of the intestines, and it appears probable that at first the cause of the disease is a local and distinct one. A slight incubation precedes the disease, on which the catarrhal stage follows.—*Medical World.*

On the Treatment of Diabetes by Lactic Acid (Cantani's Method).—Dr. G. W. Balfour reports a series of cases of diabetes treated by Cantani's method with marked success. This method, as is well known, consists first, in confining the patient to an exclusively meat diet. This means plain meat roasted or boiled, without any sauces of milk or eggs, and certainly without any bread, flour, or any vegetable matter whatever, the only seasoning permitted being salt, oil, and a little vinegar. For drink he allows water, either plain or with a little of the purest alcohol; coffee, tea and wine being prohibited. The medicinal treatment being lactic acid 77 to 154 grains daily, diluted in from 8 to 10 fluid ounces of water. The lactic acid used by Dr. Balfour was obtained from the druggist fluid, not syrupy, of spec. grav. of 1.027, and with the ordinary smell of sour milk. The first case which the Dr. reports was complicated with phthisis. The patient died after about three months' treatment, having had no sugar in the urine for some time. The fifth case was much benefitted by the treatment. The sugar had entirely disappeared from the urine but he was disorderly and discharged from the hospital. Case 3, female, aged 15; Case 6, female, aged 17; case 4, male, aged 25; case 7, male, aged 35, had all been suffering from the disease from five months to three or four years. They are all much improved in strength and weight, and have no sugar in the urine, or at most only occasional traces of it; they are, however, still under observation. Case 2, male, aged 53; had been under treatment for the disease for more than a year. After three months' treatment, having for some time been restored to general diet, and no sugar appearing in the urine, he was pronounced cured and discharged. He has continued well since.

Dr. Bonfigli's Summary of Therapeutics.—In the *Riv. Clin. di Bologna*, February, 1872, Dr. Bonfigli mentions that Jones recommends belladonna in gradually increasing doses in spermatorrhœa. Atropine is recommended by Hosch in many cases of myopia. Philipson recommends belladonna in constipation.

Echeverria and MacDonald recommend conium as the best narcotic remedy for epileptics. The juice of the fresh plant is used.

Mr. Veagh considers datura tatulæ the best

remedy for asthma, far better than stramonium.

Dr. Reichard, of Riga, has found chloral hydrate of great use in cholera; four grammes of chloral produced sleep in a few minutes, and the patient recovered.

Dr. Lutz has found great benefit from the use of bromide of potassium in epilepsy. His doses are large, from 10 to 20 grammes daily. No great inconvenience has been produced, except some few papules on the skin. In one case of nocturnal incontinence of urine it was very useful. Dr. Northrop says that a gramme of this salt every hour will get rid of tapeworm.

Dr. Palmberg has used ergot of rye with success in three cases of chronic diarrhœa. To children he gave 50 centigramme doses of the ergot in watery extract in one day; to adults he gives 1.20 grammes.

Dr. Vauce alleges that he has obtained cures in some cases of palsy by the subcutaneous injection of strychnine, in the dose of five millegrammes of the phosphate.

Chloralum and Preparations of Chloralum as Disinfectants.—Prof. A. Fleck, Director of the Central Chemical Institution established at Dresden for the protection of the public health, has made a thorough investigation of the composition and value of these products, and with the following results:

1. The preparations of chloralum have nothing in common with the similarly sounding chloral hydrate, and are, in point of fact, mixtures of chloride of aluminium.

2. The preparations of chloralum contain chlorine combinations of lead, copper and arsenic, which renders their employment not free from danger, and which would render their employment as a medicine or as an astringent for open or suppurating wounds dangerous.

3. The price of the preparations of chloralum bears no relation either to their nature or their effect. Considering that the liquid chloralum yields a clear profit of at least 700 per cent., and the wadding 400 per cent., the limits of honest trading may be considered as overstepped.

4. The result of these experiments is that chloralum and the preparations made from the same must be classed among the worthless arcana, and in the interest of the public health, as well as in the material interests of the public, a most decided warning must be given against the purchase of the same.—*American Journal of Pharmacy, June*, 1871, *from Chemical Review, March*, 1872, *and Industrie Zeitung.*

Photographing the Pulse.—The ingenious apparatus invented by Dr. Ozanam, of Paris, for rendering the variable beatings of the pulse visible, is already proving itself of practical value. It consists of a camera lucida, about ten inches wide, in which a piece of mechanism, moving at a uniform rate, pushes a glass plate, prepared with collodion, in front of a very narrow aperture exposed to the light. In this aperture is a glass tube, in which a column of mercury may rise and fall, as in a thermometer. By attaching to the wrist a rubber tube, filled with mercury, in connection with the tube of the apparatus, the beating of the pulse is received on this artificial artery, and the pulsations are transmitted to the recording apparatus. As the column in the tube acts as a screen, light can penetrate the aperture only where the column is deficient; consequently the prepared plate becomes black under the influence of light everywhere except at such places as the column intercepts it. As the column rises and falls with each pulsation of the heart, these black lines on the prepared plate, pushed regularly forward, will be shorter or longer alternately, and will be successively photographed as being lines perpendicular to a common base, the heart being thus made to register photographically its own pulsations. These photographic representations can be so magnified as to be rendered visible across a large amphitheatre; and such is the peculiarity of the apparatus, in its adaption to different uses, that it may be modified so as to register the variations of respiration, the irregular action of coughing, and similar physiological and pathological phenomena.—*The Arts.*

Ozone Tests.—(1.) A strong phosphorous odor. (2.) A solution of iodide of potash and starch is colored blue by the same. (3.) A solution of thallic suboxide produces in a solution of ozone a brown precipitate of thallic oxide. Paper saturated with thallic suboxide is rendered brown by ozone. Paper saturated with salts is colored brown, that saturated with plumbic sulphuret or indigo is bleached. Blue litmus paper is bleached, turning finally yellowish red. An ozone solution, shaken with pure ethylic ether and potassic bichromate, does not color the ether blue.—*The Arts.*

Digitalis Infusion.—According to Richelot (*L'Union Med.*) the infusion of digitalis is more effective in dropsy than the decoction. Half-drachm to six ounces of water should be used in twenty-four hours.

Book Reviews.

We have received, through the bookstore of Jansen, McClurg & Co., of this city, the following valuable medical works:

Lectures on the Principles and Practice of Physic. Delivered at King's College, London, by Thomas Watson, Bart., M.D., F. R.S., Physician Ordinary to the Queen, Fellow and late President of the Royal College of Physicians of London, etc., etc., etc. Two volumes. From the fifth revised and enlarged English edition. Edited with additions and illustrations, by Mary Hartshorne, A.M., M.D., Professor of Hygiene in the University of Pennsylvania, etc., etc. Philadelphia: Henry C. Lea. 1872.

This is one of the most readable and interesting works on the practice of medicine, in our language; but its merits are so well known to our readers, that further comments are unnecessary.

A System of Surgery: Pathological, Diagnostic, Therapeutic, and Operative. By Samuel D. Gross, M.D., LL.D., D.C.L., Oxon. Professor of Surgery in the Jefferson Medical College of Philadelphia, etc., etc. Illustrated by upwards of 1400 engravings. Fifth edition, greatly enlarged and thoroughly revised. In two volumes. Philadelphia: Henry C. Lea. 1872.

This, also, is a new edition of a work well known to the profession as a full and complete treatise, embracing the whole field of surgery. The present edition has been thoroughly revised by the author, and is truly a monument to his industry and practical experience. The publishers have also done their work well in the mechanical execution of these two ponderous volumes. We commend the work unreservedly to the patronage of the profession.

The following have been received through the bookstore of W. B. Keen, Cooke & Co., of this city:

The Year-Book of Therapeutics, Pharmacy, and Allied Sciences. Edited by Horatio C. Wood, Jr., M.D., Professor of Medical Botany, University of Pennsylvania, Physician and Lecturer on Clinical Medicine to the Philadelphia Hospital, etc., etc. New York: William Wood & Company. 1872.

This is a neatly published volume of 360 pages. Its contents are divided into five parts, namely: Therapeutics; Materia Medica; Toxicology; Prescriptions and Formulas; General Recipes. Under these several heads the editor has arranged abstracts from the current periodical literature of the year, sufficient to give a fair indication of the progress made in these important departments of medical science. It will be found a very convenient and valuable book of reference.

Half-hour Recreations in Popular Science. Edited by Dana Estis. No. 4. Spectrum Analysis Discoveries. Showing its Application in Microscopical Research, and to Discoveries of the Physical Constitution and Movements of the Heavenly Bodies. From the works of Schellen, Young, Roscoe, Lackyer, Huggins, and others. Boston: Lee & Shepard. New York: Lee, Shepard & Dillingham. Price, 25 cents.

This is the fourth number of a monthly series, devoted to popular science. It contains 48 neatly printed pages, with several well executed illustrations. The subjects discussed are correctly indicated by the title page just quoted. The whole series will be found highly entertaining and instructive.

Bromide of Potassium.—A lad of twenty years of age, after taking half-drachm doses of bromide of potassium twice daily for a fortnight, complained of loss of memory, and on inquiry Dr. J. Haddon, (*British Medical Journal*) found that the patient called things by their wrong names, and very often forgot the name he desired to pronounce.

Money Receipts to July 15th, 1872.—James F. Fitzsimons, $5.00; A. F. Chandler, $3.00; C. B. Wright, $1.50; J. P. Anthony, $2.00; R. E. McVey, $3.00; N. W. Abbott, $3.00; J. S. Kitchen, $3.00; A. N. Richardson, $1.50; W. T. Knapp, $3.00; T. O. Bannister, $3.00; J. W. Bond, $3.00; J. W. Harmon, $3.00; D. L. Manchester, $6.00.

Original Communications.

TOPOGRAPHY, CLIMATE, AND DISEASES OF WASHINGTON TERRITORY.

Read before the Clark Co. Medical Society, July 3d, 1872.

BY F. R. PAYNE, M.D., MARSHALL, ILL.

[*Published by Order of Society.*]

During the last year we visited and spent several months in Washington Territory, and formed the acquaintance of all of the leading physicians of that far-off land.

The western portion of that Territory is generally covered with a dense and very large growth of fir and cedar trees; occasionally we found a small sandy prairie, almost worthless for farming purposes. The fir and cedar is from one to three hundred feet high and six inches up to eight feet in diameter. This tremendous timber grows upon the sand and gravel hills and spurs of mountains. There are many rivers, but the bottoms of these streams are only from one fourth to one mile in width; rich alluvial and peat soil, upon which cedar grows luxuriantly and in mammoth proportions; the fir seems to flourish best on the sandy and gravel ridges. The bottoms of the rivers are subject to overflow, but very little injury is done to the farming lands by these annual inundations. Miasmatic diseases are unknown in that country; the summers being cool, and hill lands principally sand and gravel, miasmatic poison is not generated. The capital, Olympia, is a flourishing little city of about eighteen hundred inhabitants, situated at the head of Puget Sound, one hundred and eighty-five miles from the Pacific Ocean by water, but on a straight line westward by land, not over seventy-five miles. This dense forest between the cascade and coast ranges of mountains is about three hundred miles long and one hundred and twenty-five wide—is called Western Washington. A large proportion of this territory is worthless for agricultural purposes, but we find many rich strips of black alluvial and peat soil, from two feet to ten in depth, in the river bottoms and low grounds between the hills. There are also cranberry swamps, many of which are easily drained, all of which are very fertile. In all of these low grounds the water is supplied by mountain springs, consequently, no poisonous elements are produced by decomposition of vegetable matter.

The climate of this region during the summer and fall is delightful; no winds or excessive heat; venomous reptiles and insects are unknown; the days are pleasant and nights quite cool, sufficiently so to prevent the growth and prosperity of musquitoes and frogs, the stings and music of which are not felt or heard in that far-off land. Puget Sound is abundantly supplied with all kinds of salt water fish, oysters, clams and crabs, which furnish cheap food for the inhabitants, and especially Indian tribes. Puget Sound proper, which extends from Seattle to Olympia, a distance of fifty miles, is the finest harbor perhaps in the world. It is from one to two and a half miles wide, with ample water for the largest class of ships and steamers, and no rocks or hidden obstructions. The mariner feels perfectly safe when his vessel reaches this magnificent harbor.

The summers are so invigorating and lovely, that during that portion of the year there is but little sickness, but the winters are very wet. The annual rain fall generally begins the first of November and continues with slight interruptions until about the first of May. Although in forty-seven and eight degrees north latitude, there is very little cold weather, yet from our own observations and what we could learn from the best physicians in that country, during the winter and spring months they have a great deal of sickness. The wet weather and damp atmosphere during the winter and spring is very productive of rheumatic fevers, and in that region there is no thunder and lightning, consequently very little if any electricity. This fact doubtless explains the frequent occurrence of rheumatic forms of neuralgia and nervous diseases generally. We witnessed many cases of partial paralysis, lumbago, spinal irritation and other forms of nervous

disorder. There are a great many cases of amenorrhœa and emansio-mensium, a large majority of which result fatally. More than half the young girls die from suppression and retention of the catamenial flow, and the consequences resulting from this abnormal condition of the system. Drs. Rufus Willard and A. H. Steele, intelligent physicians, who have resided in that country for many years, and nearly all the time at Olympia the capital, were very communicative and gave me much reliable information in regard to the diseases of that territory. Many of the inhabitants are a mixture of the Anglo-Saxon and Indian, and a large majority of the half-breed girls die from emansio-mensium and its consequences. They are full of life and vigor until the age of puberty ; then gradually pine away and die. Some never menstruate, while others have a slight flow, and then disease of the lungs, and low forms of fever supervene, causing the systemic waste to be much greater than the supply, and great emaciation and death is the result. In the first settlement of the north-west, the Hudson Bay Company formed intimate commercial, and to some extent social relations with the Indian tribes of Oregon, Washington Territory and Vancouver's Island. Many white men married squaws and now have large families, and have by prudence and industry become quite wealthy, and are now educating their children ; but all careful observers are fully satisfied that this mixture of races results in an unhealthy and short-lived offspring. We had the pleasure of visiting a number of Indian reservations, and on the Skokomish river, near the head of Hood's canal, we spent several weeks. Mr. Eells, a congregationalist, and very worthy man, is superintendent, and the physician in charge is Dr. W. Price. At this point they have nine or ten hundred Indians, and Dr. Price is a conscientious man who is trying to relieve them from the terrible diseases which have been introduced among them by vile and unprincipled white men. A large proportion of this tribe (and we learn that the same is true with all,) are suffering with the worst and most loathsome forms of syphilitic disease. We will present you with the treatment of Dr. Price, who has had many years of experience in managing this disease on the frontier, and among these degraded people. He first prepares the system and then gives them freely the *Liquor Arsenici et Hydrargyri Iodidi.* This seems to have a very happy effect, and to use the language of Dr. Price, "there is no remedy in the materia medica that will have such universal good effects in this loathsome disease." He informed me that he had used it in hundreds of cases and was delighted at the good results. In many of these Indian tribes the entire system is saturated with syphilitic poison. They have it in all forms, primary, constitutional and tertiary, and in the latter form many of them present a horrid appearance ; ulcerated throats, dark blotches, pains in the bones, nodes, bubboes and exceedingly offensive soft chancres. Many of the tribes on the Pacific slope are rapidly dying out from the effects of this and other contagious diseases. Their nomadic lives and filthy mode of living renders it almost impossible to secure the beneficial effects of remedial agents.

It may interest many of the members of this society for me to briefly refer to the historical origin and spread of syphilitic diseases. Its origin is lost in the remotest antiquity, and its early investigations were instituted from religious motives and pronounced a punishment inflicted by God for the extraordinary sexual transgressions of mankind. Still later it was viewed from a political stand point, and was used to gratify national animosities. The French called it "*Mal de Naples,*" the Italians "*Mal Francese,*" and the Germans "*Franzosen.*" The Spanish charged the American Indians for inflicting their people with this loathsome disease, and plead this as justification for their cruel and inhuman treatment of that ignorant and degraded race.

The history of syphilis is divided into three periods—the first extending to the close of the fifteenth century, the second to the time when Fernel discovered that it was propagated by a specific poison, and the third period extends to the present day.

In the books of Moses we find allusions to contagious discharges from the urethra. It is contended by many able men that true syphilitic poison was transmitted to man from the brute creation, like glanders and small-pox. We find similar allusions in the writings of ancient Greek physicians. Hippocrates speaks of ulcers of the sexual organs, pustules of the penis, and many other diseases of the sexual organs which clearly indicate syphilis. Celsus, Galen and other ancient writers describe every variety of chancre and other forms of disease which was communicated to man by unclean females. In 1556, Fernel clearly demonstrated that syphilitic diseases originated in a specific poison, and was strictly a contagious disease. He deserves the credit of eradicating from the minds of thousands the absurd belief in astrological, cosmic or teleological ideas.

In looking over the history, origin and progress of this terrible malady, and what we have witnessed during the past year, the aborigines of America have suffered more with its ravages than any other people on earth. It is no stretch of imagination for us to predict that without a higher degree of Christian civilization, the day is not far distant when the original inhabitants of this continent will become extinct.

We formed the acquaintance of the Superintendent of the Insane Asylum which is now permanently located at the town of Steilacoom. He is a competent and worthy man. There were sixty-seven patients in the Asylum, which is very large for the number of inhabitants. The cause of this vast amount of insanity is not well understood.

From our own observations and what we could learn from the physicians of that country, we are of the opinion that the inhabitants suffer more with diseases of the kidneys than they do in milder climates. The cause of this is that the summers are quite cool—frost almost every month of the year—consequently, there is but very little visible perspiration, forcing upon the kidneys double duty.

We have presented a brief account of the topography, diseases and climate of Washington Territory. There is a great deal that might be said in regard to that country, but we have not time to enter into details. At some future day we will give some account of Oregon, California, their diseases, medical schools, and other matters which may interest the profession.

REPORT OF TWO CASES OF SPINAL MENINGITIS.

Read before the Clark County Medical Society, July 3d, 1872.

BY DR. F. H. JENNINGS, JR., OF MARSHALL, CLARK COUNTY, ILLINOIS.

(*Ordered Printed by the Society.*)

Case 1st. A female child, aged seven years, previously hearty. Monday, May the 27th, looked pale and refused breakfast; went to bed; said she had pain in the head and back. Her stomach became irritable, which was soon followed by vomiting a bilious matter; her pulse became quick and irregular; temperature of the body, high; bleeding at the nose, pupils dilated, constipation of the bowels, and partial opisthotonos; these symptoms yielding to the following treatment:

Purgatives: Calomel, quinine and iron, blistering over the region of the spine, sinapisms to the inferior extremities, and cold to the head.

On June the 9th she relapsed by exposure and neglect; symptoms assumed a more grave character: Strabismus of right eye, partial paralysis of right side, confused memory, loss of speech, and involuntary evacuations from the bowels, urine high color, but no distended bladder, constipation of the bowels, hypersæthesia, and convulsions.

Treatment: Blistering to the spine, sinapisms to the extremities, and cold to the head.

℞ Iodide Potassa, } a. a. ʒ ss.
Bromide " }
Aqua, Fontana, f ʒ ij. m.

Dose: One teaspoonful every four hours. Continued recipe three days, to no favorable result; ordered discontinued.

℞ Hyd. Sub. Mur. gr. ss.
Pulvis Opii gr. ¼
Pulvis Camphora, gr. ss. m.

S. One powder every three hours, with the addition of solution of strychnia; symptoms better.

By the advice of my esteemed friend, Dr. F. R. Payne, solution of strychnia discontinued and substituted elixir Ferri, calisaya and strychnia. She continued to improve slowly and was taking nourishment. By the protractedness and tediousness of the case, and the interference of meddlesome persons destitute of manly principles, she fell from my hands. While penning these lines, I learn from the parents that she relapsed the second time, and is still having those horrible convulsions almost daily, and that the attending physician gives it as his opinion that it is rotten worms in the bowels, and that she has no symptoms of spinal meningitis and never had.

Case 2d. Was a male child aged five years, previously healthy. June 1st was taken with pains in the head, stiffness of the neck, pain in the back, vomiting; temperature of the body high, tongue coated with brown fur, and edges red, pupils dilated, constipation of the bowels, pulse quick and regular.

Treatment: Purgatives—calomel quinine and iron. Blistering to the spine, sinapisms to the extremities, and cold to the head, under which treatment he improved, but afterwards relapsed under the same circumstances as case No. 1. Symptoms then assumed a more grave character, complete opisthotonos, dilated pupils, pain in the head and back, vomiting, and diarrhœa, with distended bladder, and a purple eruption extending over the body, which lasted for two days.

℞ Hyd. Sub. Mur. gr. ss.
Pulv. Ip. et Opii gr. ij.
Pulv. Camphora gr. ss. m.

S. One powder every three hours, with the addition of elixir ferri calisaya and strychnia. As a diuretic, I ordered spirits nitre, dulc. gtts. 10 every hour.

Local treatment: Blistering to the spine and cold to the head, under which treatment he continued to improve, but I lost the opportunity of witnessing the realization of my most sanguine expectations as the result of the foregoing treatment by the same intermeddling persons as in case No. 1.

Clinical Reports.

HYDROPHOBIA WITHOUT KNOWN INOCULATION OR POISONING—A CASE.

SERVICE OF PROF. DAVIS, IN MERCY HOSPITAL.

Reported by S. — —.

Yesterday, (Jan. 24th, 1872,) at 12 o'clock M., a patient was brought into the Hospital reported to have Hydrophobia. It was a laboring man, aged 28 years, named George Ryder. He was medium size, rather robust in appearance, and had been employed as engineer in charge of the engine in the baking house of a Mr. Bowes. It was reported that for two nights previous to his attack of sickness he had been engaged nearly all the nights at parties, dancing and engaging in the excitements usual to such occasions, and yet attending to his work during the day. It was learned from himself that he had formerly practiced masturbation freely, and had since been subject to involuntary seminal emissions. Neither himself or friends had any recollection that he had ever been bitten by dog or cat or any animal that could have been rabid. About ten days since, he had been vaccinated, which had produced an unusually large sore on his arm, still in active progress at the time of his admission. The operation of vaccination was accompanied by syncope. These are all the facts we have been able to gather concerning the history of this man prior to the attack of his present sickness.

Little more than twenty-four hours before he was brought to the hospital, his countenance became dejected, mind despondent, and slightly wandering, particularly suspicious

and apprehensive. At frequent intervals he seemed to have a sense of choking or spasmodic action of the muscles of the throat, increased by attempts to drink. At times his face would be deeply suffused, his manner excited and restless, with incoherent talking, and at other times more quiet and entirely rational. These symptoms steadily increased in severity, until his spells of flushing and excitement became violent paroxysms of convulsions, characterized especially by spasmodic action of the muscles of respiration and deglutition. He soon refused all attempts to swallow liquids, and the sight or sound of water evidently aggravated all the spasmodic phenomena.

It was in this condition that he was admitted to the hospital at noon yesterday. When we saw him, one hour later, his face was still somewhat flushed; the prolabia bluish; hands and feet cool, and capillaries congested with dark blood; expression anxious and dejected; pulse 110, weak; bowels had been freely moved; urine rather scanty and high colored; moderate hyperæsthesia, especially over the abdomen; with severe spasmodic paroxysms at intervals varying from ten to forty minutes, accompanied by severe choking and mental excitement. In the interval his mind dwelt much on religious subjects and seemed to be annoyed with the idea that those around him doubted his sincerity. He could not be induced to swallow liquids, and always appeared greatly excited on the approach of water. Efforts were made to relieve his suffering and prevent the spasmodic paroxysms by hypodermic injections of sulphate of morphia, and the use of drachm doses of tincture of calabar bean, administered per rectum. Although the doses of morphia administered hypodermically were increased to two-thirds of a grain, and between four and five grains used during the fifteen hours that the patient was under treatment in the hospital, neither this nor the calabar bean, administered by the rectum, appeared to exercise any influence over the progress of the disease. During the last eight hours of the patient's suffering, D. A. K. Steele, one of the senior students who aided in taking care of him, made the following memoranda:

11 o'clock P. M. Patient is lying pretty quiet; talks as if we doubted his sincerity; prays incessantly, and asks the prayers of others.

11.30 P. M. Exhibits abnormal sensitiveness to sounds, with constant elevation and depression of eye-brows. Gave hypodermic injection of morphia.

12. Very uneasy and restless; respiration irregular; pulse small and feeble.

12.30 A. M. Continues same. Gave an injection containing one fluid drachm of tincture of calabar bean.

1 A. M. Has a slight convulsive paroxysm.

1.30 A. M. Talks rationally and is more quiet.

2 A. M. Is more restless. Gave hypodermic injection of morphia.

2.20 A. M. Had a moderate passage from the bowels and urinated somewhat spasmodically.

2.40 A. M. Had a more copious evacuation from the bowels, with much fetid gas.

3 A. M. Mind clear; sits up in an easy chair and talks much on general topics.

3.25 A. M. Had another stool.

3.45 A. M. Had been more restless and excited. Gave a hypodermic injection of morphia.

4 A. M. Had a severe spasmodic choking paroxysm, and made desperate efforts to jump out of the window.

4.30 A. M. Paroxysms continue, but lighter.

5 A. M. Shows symptoms of a severe paroxysm approaching; begs us to handcuff him —not to let him harm us; is partially delirious; asks to be shot.

5.15 A. M. Has a terrible spasm, requiring all the efforts of Dr. Waite and myself to keep him from doing himself harm. Shrieks; froths at the mouth; noise in his throat resembling the snapping of a dog; eyes glassy; circulation rapidly failing; no pulse at the wrist. Gave hypodermic injection of morphia.

6 A. M. Continues to have spasms every

few minutes. Begs to be put out of his misery.

6.30 A. M. Paroxysms more violent.

6.45 A. M. Fast sinking.

7 A. M. Death, apparently from syncope.

Such is the brief history of this case. The patient was seen by two or three intelligent physicians before he was brought to the hospital, and by several members of our college faculty, including Professor Andrews, while here, and all agree that the symptoms throughout were those of well-marked hydrophobia. It is reasonably certain, however, that they were not induced by the bite of any rabid animal. Was there some peculiar animal poison absorbed from the large and unhealthy vaccine sore on his arm? Or did the excitement of dancing parties at night and work during the day, coöperating with the disturbing influence of the vaccine virus establish the irritation of the nervous centers on which the violent symptoms depended? Can hydrophobia be induced without the agency of a specific virus derived from a rabid animal? These are interesting questions suggested by the case under consideration, but which are not easily answered. Some have claimed that hydrophobia is simply a peculiar affection of the cerebro-spinal nervous centers, and have expressed doubts about the existence of any such poison as rabies. The facts pointing to the existence and destructive influence of such a poison, are too numerous, however, to admit of reasonable doubt. And yet we are compelled to admit that cases presenting all the phenomena of hydrophobia have occurred that could not be traced to the introduction of any such poison. Such is, indeed, the case before us.

A *post mortem* examination having been made in this case, we present you the brain and its membranes, the medulla oblongata and two inches of the spinal cord. There is no noticeable effusion of any kind, either upon the surface or into the ventricles of the brain. Neither is there more than slight appearances of increased vascularity in the pia-mater covering the upper, anterior, and lateral parts of the hemispheres; but you see that portion of the membrane covering all the base of the brain most intensely and beautifully injected with red blood; and as we separate the convolutions of the base of the middle lobes, a slight degree of adhesion from the exudation of plastic lymph is discernible: and in slicing off portions of the convolutions, the gray substance exhibits distinct increased vascularity. These evidences of inflammatory action and hyperæmia are most marked over the base of the right hemisphere, dipping deeply into the sulcus leading to the bottom of the right ventricle and over the pons varolii and medulla oblongata. It is to this local inflammatory condition of the membrane and base of the brain, including the important nervous centers of respiration and muscular motion, that we must attribute the sickness and death of the patient. And we are inclined to think the true cause of such local inflammation is suggested by the second question of the three which we stated a few moments since. We have been told that one physician who saw the patient in the incipient stage of his attack, strongly recommended general bleeding, and judging from the *post mortem* appearances, it is highly probable that such practice would have been beneficial at that stage. But the functions of the base of the brain and medulla oblongata, are so intimately connected with the maintenance of respiration and circulation, that acute attacks of disease involving those parts will always result in a high ratio of mortality, regardless of treatment.

Domestic Correspondence.

LETTER FROM TENNESSEE.

KNOXVILLE, Tenn., May 13, 1872.

Editor of Examiner: Our winter was unusually protracted; and, consequently, many who were unprotected from cold, suffered. In January, catarrhal and bronchial affections were almost universal, affecting all classes and conditions, more or less. As usual, however, the poorer people suffered most, and particularly the blacks. Broncho-

pneumonia was quite prevalent, and, in many cases, lingered, finally proving fatal. Whooping cough has been unusually scarce in consequence of complications usually seen in spring. There has been more asthenia attending disease for the last six months; and tonics are generally called for.

Menstrual irregularities have been very common. Both amenorrhœa and menorrhagia are daily met with; and uterine diseases still continue frequent. In menorrhagic and leucorrhœal conditions of the womb, I have lately used ergot with great benefit.

In conjunction with bromide and iodide of potassium, according to individual indications, it has proved unfailing in giving relief to the usual dragging pain in the lumbar region, and in checking inordinate flow, both of blood and the usual catarrhal secretions. Coupled with uterine "weaknesses," is commonly found constipation from torpor of the large intestines; and the combination of aloes with other agents has generally been attended with satisfactory results. Ext. belladonna, in doses of from one-fourth to one-half grain, I have found useful in the constipation of females as well as males.

The Knox County Medical Society holds meetings on each alternate Friday night; and, with a few exceptions, a paper has been read and its contents discussed at each meeting.

The rapid disintegration of the lungs in colored girls at puberty, to which I have at former times alluded, still continues common. In looking over the medical literature of the Southern States, I find frequent allusions to this affection, which is known as African consumption. It is generally accompanied with more or less mesenteric disease, in the form of enlargement of the glands. The mesenteric complication is very common in cases of broncho-pneumonia of young children among the blacks. The mortality among the colored population is fearful; and I am inclined to think that at least one-half the children die before they are two years old. Those having a mixture of Anglo-Saxon blood, are universally less enduring; and the bleaching process appears destructive to the race. There is much less sickness among the unmixed, of all ages; but we see quite a proportion of the children born during the last ten years, with white blood in their veins. I may be intruding upon the province of those particularly interested in social science, to enlarge farther upon this point.

Having been engaged, of late, in compiling facts relative to the early surgery of East Tennessee, I find some very interesting items. I met, this morning, with Dr. J. G. M. Ramsey, the historian of Tennessee, who commenced practice in this town in 1820. In mentioning the name of an old pioneer physician of this region (Dr. Wright), he alluded to his plan of arresting arterial hæmorrhage in a case of incised wound of the foot, in which he poured a stream of boiling water from a tea-kettle upon the bleeding vessel. The blood was immediately stopped. He also mentions a traditionary account of the manner of treatment employed by an uneducated practitioner during the war of the revolution, in the case of a gunshot wound extending into the abdominal cavity. By reason of hæmorrhage, the cavity was filled with coagulum before reaching the man. He took equal quantities of warm milk and water, and poured it through a funnel into the cavity, and directed that the patient be rolled gently from side to side, which had the effect to dissolve the clot, and render it practicable to remove it. Then, placing the man upon his face, the whole was allowed to run out; and thus, by a diluting and rinsing process, he saved the life of the sufferer. The Doctor was unlearned in surgical authority, and only followed the dictates of common sense in the case.

For about a half century after the first settlement of this region, there was but little intercourse with the Atlantic cities; and medicine, as well as everything else, was primitive and simple.

Among the earlier physicians that settled in East Tennessee, was Dr. Joseph C. Strong, who graduated at New Haven, Conn., engaged as Surgeon in the United States Navy, till his health failed, and he finally made his way hither, locating in Knoxville about the

year 1805. Dr. Strong built almost the first brick house, which now stands, after about fifty years, in a good state of preservation. An old lady died here about a year ago, who, for more than forty years, took the lead in midwifery. She was employed extensively among the slave population, as well as in the white families. In ordinary cases she was employed, and physicians called in if any complication occurred.

Since the war, midwives are less employed than formerly; but still many women, as in all places, hold themselves in readiness to attend their suffering sisters in child-bed.

Puerperal diseases are not common here; and it is very seldom that a woman dies during or after confinement.

There are not far from twenty regular physicians in the city, five homœopaths, and some low quacks, who cannot be well classified. There is one lady physician claiming to be a graduate from a woman's Medical College in Philadelphia.

Many of the patrons of the homœopaths are people from the North, who either employed them before coming, or call upon them here through fear of the "strong medicine" which they are told Southern physicians give.

It is amusing to hear the various reasons given by way of apology for swallowing the pretended "system" as well as pellets. Some will say they have no confidence at all in the doctrine or practice, but at once, like our father Adam, say, "the woman beguiled me." Thus they attempt to wipe from their cheeks the blush of shame which mantles them, while pleading guilty to their want of decision. F. K. Bailey.

A CIRCULAR.

To the Medical Profession: The undersigned was appointed, at the last Annual Meeting of the Illinois State Medical Society, a committee to report at the next Annual Meeting of the Society, upon the subject of Galvano-therapeutics.

The accomplishment of the object of the appointment will be aided by physicians who may send for treatment obstinate cases of scrofulous or cancerous tumors, rigid palsy, and stiffness or deformity arising from rheumatic deposit.

Much interest has lately been excited by the success of the continuous galvanic current, of great quantity and low intensity, in resolving growths and deposits of low vitality.

Neuralgia, depending upon perverted or diminished nutrition of nerves, has proved remediable by this agent.

The instrument now in use for these investigations is one of 32 cells, of platinum and zinc combination, made by Curt W. Meyer, of New York, and one of 100 cells, made by the New York Galvano-faradic Manufacturing Company, furnishing a much greater quantity, without great increase of intensity.

It is hoped that by these appliances, employed in the treatment of a great variety of cases, some progress may be made in determining the real value of galvanism, and the peculiarities which render cases remediable or intractable. Very truly yours,

David Prince.

Jacksonville, Ill., June, 1872.

Primary Medical Institute.—We have received the Second Annual Circular of the St. Paul School for Medical Instruction. The men engaged in this school are reliable, and its objects highly commendable. They are well stated in the following paragraph from the circular:

The object of this school is not to represent, or in any way take the place of a regular *College*, but to prepare students for a better understanding of the lectures which they will hear in the College course, and to drill them more thoroughly in the elementary branches than can be done in the short time allowed by Colleges for instruction, and the arrangement of terms of study will be such that they will not interfere with the winter course of the Chicago Colleges.

Students on arriving in St. Paul will call at once on the Secretary, who will assist them in finding board, etc.

For any further particulars, address

Alex. J. Stone, M.D, *Secretary*,
34 Jackson st., St. Paul, Minn.

THE
MEDICAL EXAMINER.
A Semi-Monthly Journal of Medical Sciences,
EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, July 15th, 1872.

EDITORIAL.

Clinical Instruction.—At the commencement of the next annual course of instruction in the Chicago Medical College, Medical Department of North-Western University, the regular system of Clinical Instruction in the Mercy Hospital and Free Dispensary will be extended in such a manner as to greatly increase the advantages of the students. The daily general clinics in the medical and surgical departments of the Mercy Hospital will be given as usual; but in addition there have been organized in connection with the Dispensary, three daily special clinics, designed for classes of students numbering not more than six or seven each. One of these special clinics will be surgical, embracing diseases of the eye and ear; another gynecological; and the other medical, embracing diseases of the chest and air-passages, with physical diagnosis. The whole clinical class will be divided into these small sub-divisions, and each afforded an oppertunity to attend a proper period of time, the special clinics in succession, thereby enabling every member of the general clinical class to have that individual training in all the details of the examination of patients and the use of instruments which cannot be obtained in large classes. The close connection of the College Faculty with the Hospital and Dispensary, and the location of these institutions upon the same lot with the college, enables them to perfect a system of clinical instruction, embracing important details that cannot be obtained in any of the schools, either in the Atlantic cities of this country or in Europe, without paying extra fees for special courses of instruction.

A Card.—For the information of the profession, the undersigned would state, that from this date he will take charge of no more patients as an attending physician, but will confine himself entirely to office and consultation practice.

As the first half of the day, from 8 A.M. to 1 P.M., is spent in the office, it is desirable that, as far as practicable, all messages desiring consultation out of the office, should be sent within the hours named, as they can during that time be seen at once and properly answered.

N. S. Davis,
Aug. 1, 1872. 797 Wabash Ave.

Society Reports.

CLINTON COUNTY MEDICAL SOCIETY.

The Society met at Camanche in regular quarterly session, July 16th, in the office of Dr. Ireland, and at 11 A. M. was called to order by the President, Dr. D. Langan. The Secretary being absent, Prof. P. J. Farnsworth was appointed Secretary, *pro tem.*

The following members responded to the roll call:

Dr. D. Langan, De Witt.
" A. W. Morgan, "
" Willis Butterfield, "
" C. H. Lothrop, Lyons.
" G. W. Witherell, "
" P. J. Farnsworth, Clinton.
" H. J. Hobart, "
" A. B. Ireland, Camanche.
" Charles D. Manning, "

The minutes of the last meeting read and approved.

The business next in order was the report of Special Committees. The Committee appointed to report to the State Society on a bill for the protection of physicians and surgeons, reported progress, and the Committee, consisting of Drs. Farnsworth, Lothrop and Morgan, was continued.

The Committee on revision of the fee bill reported progress and was continued.

The bill of Dr. Reynold for Secretary's books, seals, &c., was allowed and ordered to be paid. The Society then adjourned till 1½

P. M., and, on invitation of Dr. Ireland, the members repaired to the New Haven House for dinner.

At 1½ P. M. the Society was again called to order and listened to an able essay on Sun-Stroke by Dr. G. W. Witherell, of Lyons. The subject was peculiarly appropriate at this time, on account of the occurrence of so many fatal cases, and the discussion was correspondingly spirited. Dr. C. D. Manning exhibited a pathological specimen—an ulcerated vermiform appendix, obtained by a *post mortem*, made by himself and Dr. Ireland, and Dr. Ireland referred to the great benefits which the community and the profession derive from *post mortem* examinations.

Vice-President Hobart took the Chair while Dr. Langan, delegate to the American Medical Association which met at Philadelphia last May, read a report of the proceedings of the Association, which showed that its last meeting had been one of the largest and pleasantest ever held. On motion of Prof. Farnsworth a vote of thanks was tendered Dr. Langan for representing the Society at the American Medical Association, and it was moved by Dr. Ireland that the report be filed with the Secretary of the Society.

The following gentlemen were appointed to present articles at the next meeting in Lyons:

Dr. A. W. Morgan, on Dislocation and Reduction of the Hip Joint.

Dr. P. J. Farnsworth, Duties of Physicians to each other.

Dr. C. H. Lothrop, Cerebro-Spinal Meningitis.

Dr. Willis Butterfield, New Remedies.

Dr. A. B. Ireland, Obstetrics.

Dr. C. D. Manning, Gelseminum.

On motion thanks were returned to the officers of the C. & N. W. R. R., and to Mr. A. Townley in particular, for accommodations extended to members.

The Society then adjourned, having enjoyed a re-union which keeps the members in fraternal relations with each other, and stimulates them to greater enthusiasm in the profession, while it assists them to exchange facts and observations, and, of course, improvement in medicine affects the public generally. *

Gleanings from Our Exchanges.

For the reduction of strangulated hernia without operation, Sir James Paget lays down the following general rules:

In cases, for instance, when the patient vomits fæcal matter and has peritonitis, or is in collapse, with a small, rapid pulse, hiccough, or other such extreme signs, there should be no attempt at reduction without operation.

When the coverings of the hernia are so inflamed as to make it probable that sloughing or suppuration has taken place beneath them, reduction should not be attempted without operation; and even when less inflamed, none but slight and brief efforts at reduction should be made.

The longer the signs of strangulation have existed the shorter should be the efforts at reduction, but the intensity of pain in recent or acute hernia should not deter one from making the attempt.

In a hernia which has been habitually irreducible and becomes strangulated, you should operate at once. It is a safe rule of practice that, after a warm bath and a few hours' rest in bed, a single attempt at reduction should be made; should this fail, chloroform or ether should be given, and then in some cases, but not in all, a second attempt made; this failing, the operation should be performed while the patient is still insensible.

The hot bath is useful in all cases that are not bad, unless in old and feeble persons; the patient should be simply soothed or relaxed in the bath, then wrapped in warm blankets, put into bed lying on his side or his back, with his knees drawn up, or with his pelvis a little raised, and then after an hour or two of complete rest to attempt the reduction. The employment of rest and the bath is helped by opium when the hernia is painful. In the old, and others who may have had inactive bowels long before the strangulation, an enema of a large quantity of liquid should be used. Purgatives should not be used if there are marked symptoms of strangulation.

After the warm bath and rest have been tried, you may give chloroform or some other anæsthetic. In making the attempt at reduction you must be gentle and self-restraining, mindful of the delicacy of some of the structures you are handling, and that you may do them much more harm than would come of the operation which you are trying to arrest. These cautions are the more necessary because when the patient is under chloroform, you have nothing but your own sense and senses

to tell you how far you may go without doing harm. Chloroform is most useful in the herniæ of which the difficulty of reduction is chiefly due to muscular resistance, in the recent, or in the recently much enlarged; in the inguinal more than in the femoral; and in these more than in the umbilical; in the painful more than in the painless. In herniæ that have only recently come down, and are intensely painful, it is right to use chloroform or ether without waiting for the influence of the warm bath, but more commonly, if there be danger in waiting three or four hours, it is because strangulation is so far advanced that the operation ought to be done without any previous attempts at reduction.

After the warm bath, rest, and chloroform have been tried, and the reduction is not accomplished, and strangulation exists, you should operate while the patient is still under the influence of chloroform; but if strangulation is not present you may wait, but must watch patiently, for the hernia is likely soon to become strangulated. While waiting, ice or warm dressings, enemata, aperients or opiates may be used. Tobacco and curious postures, and shaking the legs up and the head down, and the cupping glasses are more dangerous than the operation which they are intended to avert. For doubtful or partial reduction there is one practical rule—operate if the symptoms of strangulation are not relieved. In cases in which reduction seems complete but the symptoms of strangulation are still present, operate, if you can feel a lump at or near the hernial ring.

Old age and disease may add to the risk of an operation for strangulated hernia, but they must be accepted. A patient must not be allowed to die with a strangulated hernia, if by any means whatever the strangulation can be relieved, and you must not be averted from the operation by the number of deaths that follow it. The deaths after the operation may be fifty per cent., but the deaths due to the operation are not more than two or three per cent.

The remaining lectures on this subject by Sir James Paget are devoted to a description of his several operations for the relief of strangulated hernia, which our space will not permit us to give to our readers.—*The Doctor.*

Milk as a Diet during Lactation. By R. P. Harris, M.D., Pennsylvania.—From a series of trials which I have very successfully made, I have become convinced of the great value of milk as a food for delicate mothers who desire to nurse their own children. By the term "delicate," I do not mean those actually diseased, or apparently inclined to tubercular or other serious organic affections, but a large class of American women in the higher walks of life, who fail as nursing mothers, either because their milk is too small in quantity, or deficient in nutritive elements. Such women are generally below their proper average in weight; have little, if any, color in their cheeks, and eat but a moderate amount of food. There may not be any deficiency in the development of their mammary glands, although their mammæ are usually smaller than they should be; but this is chiefly due to the absence of adipose deposit. All such subjects do not bear a milk diet well; and in such the plan must be abandoned, as the diet should not only agree with the mother, but be palatable so as not to diminish her appetite for her ordinary diet. She should be able to eat her three meals as usual, and consume the requisite amount of milk in addition. There are many women who have lost all their childhood's relish for milk, just as there are sometimes young children who do the same thing, and cannot be made even to try its efficiency. And there are others who are anxious for success, and do make the trial faithfully, but are reluctantly obliged to discontinue the diet in consequence, not of any disrelish, but of an inability to digest it.

Happily, there are also many who not only like the taste of milk, and can continue its use indefinitely, but who experience a wonderful degree of benefit from it, not only being able to nurse their infants, whom they would otherwise have to wet nurse or raise by hand, but greatly improved in health and strength, gaining flesh, increasing in appetite, and avoiding the ills resulting from the drain upon their system, so commonly experienced after a few months of lactation.—*Richmond and Louisville Medical Journal.*

Good Fortune of the Massachusetts General Hospital.—A few days ago the Treasurer of the Massachusetts General Hospital receipted for the large sum of $446,000, which was paid to him as the result of a provision of the will of the late John Redman. Mr. Redman died some twenty years since, leaving a will by which the hospital was made the residuary legatee of his estate upon the death of a son who had a life interest in it. The advance in both real and personal estate since that time has increased the value of the legacy from the $50,000, which the trustees of the institution once expected to receive, to nearly half a million.—*Boston Medical and Surgical Journal.*

Is Vaccine Lymph Curative as well as Preventive?—We find in the *Lancet* for May 25th ult., a communication which appears to open to view a new field in the discussion of the beneficence of vaccination, and which indicates that, under certain conditions, the vaccine lymph may be curative as well as prophylactic of variola. In this communication, Dr. Furley, of Edinburgh, describes his method of operating, and cites cases in his own experience to show that small-pox may actually be aborted by vaccination *after the variolous eruption has appeared.* Success, however, appears to depend greatly on the amount of virus exhibited and on the manner of its introduction to the blood. Dr. Furley thinks that he found that the ordinary method of vaccination, by scarifying the arm, is inoperative to modify the disease in adults, although it will sometimes be effectual in children. He accordingly used the subcutaneous method, at first injecting the lymph with the ordinary hypodermic syringe; but, subsequently, on finding that this process occasionally failed, by means of a hollow needle with a bore sufficiently large to admit a tube of virus. By this latter method the point of the needle is introduced "beneath the skin" and the lymph is blown, he says, from the tube "directly into the blood."

Three cases are reported in which the treatment by vaccination gave good results; the cases being selected indiscriminately from about sixty similar ones. In one, a baby aged one month, unvaccinated, the papular eruption was over the face, hands and legs. Ordinary vaccination was practiced, and in twenty-four hours the eruption had disappeared, except two papules on the face. On the third day these two papules had disappeared and a crop of four-and-twenty developed, chiefly on the head. In three days these had gone. The vaccination itself showed no signs of taking till the tenth day, and was matured on the fifteenth.

In a second case, a girl aged 13 years, vaccinated in infancy, appeared with the papular eruption on the hands and forearms. Two tubes of lymph were injected into the forearm. After three days, there was "nothing to be seen but the inflamed areola" at the point of injection.

Case three was an adult, unvaccinated. Two tubes of lymph injected on the second day of the variolous eruption modified the disease so that a probable confluent form became discrete, and desiccated on the ninth day. There was no areola at the point of injection.

The treatment by vaccine lymph injection is more effectual, according to Dr. Furley, the earlier it is practiced, and it is more successful in the youthful than in the adult period of life. Five unfavorable cases out of sixty are reported, in three of which the prognosis was bad from the beginning and in two death was unlooked for.

We regret that Dr. Furley does not describe more particularly the method of his injection of lymph—to what depth the needle is introduced into the tissues, and whether the lymph is all injected into a single puncture. It would also be interesting, in view of certain recent experiments in hypodermic vaccination, to know more in detail the appearances presented by the vaccination itself, *as modified by the method resorted to*, or *by the variola*, or by other unusual conditions present in such cases.—*Boston Medical and Surgical Journal.*

Subcutaneous Injection of Morphia and Chloroform.—In *El Progreso Medico*, April 1, we see it mentioned that Dr. Nussbaum has, from a desire to lessen the dangers of chloroform by diminishing the dose necessary to obtain anæthesia, made use of subcutaneous injections of morphia simultaneously with chloroform inhalation. The combination of the two substances, it seems, has been studied by Claude Bernard with good results, and has been applied to surgery, and also in obstetrics. From experiments made by MM. Labbe and Gonjon, of which an account was given to the Academy of Sciences (*Gaz. Med. de Paris*), it results that by making an injection of small doses of morphia before giving chloroform, we obtain a far longer sustained anæsthesia, with very little chloroform; and it is certain that the dangers of this medicament are in direct relation with the quantity breathed by a patient. This is a great step, says the *Progreso Medico*, since great risk is spared to the patient, whilst at the same time the local and general sensibility of the patient is lessened.—*The Doctor.*

Electro-Therapeutic Cure of Catalepsy.—Dr. Holst, of Riga (*Dorpat Med. Z.*, 1872), mentions a case of a girl, aged seventeen, who was affected with cataleptic symptoms so bad as to be confined to bed, perfectly rigid, took no food, and was unconscious for a fortnight. By means of passing the constant current, 30 elements, through the vertebræ of the neck and back, she gradually recovered. The author considers that catalepsy is a spinal reflex excitability.—*Ibid.*

Hypodermical Injection in Obstetrical Operations.—In the *Independente* we find a quotation from the *Lyon Medical* as follows: "We know how difficult the complete evacuation of the amniotic liquid and the spasmodic contraction of the uterus render the execution of version. To favor the manœuver the use of chloroform is recommended; but if some practitioners have found this of use, others have obtained no advantage from it. Dr. Melvin Rohrer has added a method which has also been most successful in the practice of Dr. Brown, of Vienna, that is, the subcutaneous injection of morphine. In the case of a woman aged thirty, robust and of good health, and who had already given birth to three children without the aid of the obstetrician, three hours had passed since the waters burst, the belly was tense and sensitive to pressure, the pains returned with short intervals, whilst the exploration of the vagina was painful. An arm of the fœtus, violet and swollen, was in the vagina, and the corresponding shoulder was deeply wedged into the cavity of the pelvis. The patient was prostrated from pain. One-sixth of a grain of morphia was injected at the level of the linea alba at an equal distance between the umbilicus and pubes. Five minutes afterward the spasmodic contraction of the uterus was sensibly weaker, the intervals between the pains longer, and in twenty minutes there was complete calm; the uterus was soft, relaxed, and the shoulder became movable in the pelvis. Version was easily performed in a short time, and the fœtus was extracted without uterine contraction. Some slight frictions on the abdomen aided in the extraction of the placenta and the case did well."—*The Doctor.*

A New Method of Arresting Epistaxis.—Dr. F. Marin, of Geneva (*Journal de Méd. et de Chir. Prat.*, May, 1872), has discovered a new and simple method of arresting hæmorrhage from the nasal cavity. It consists in applying pressure to the facial artery at a point immediately beneath the ala of the nose, where the vessel can be pressed against the maxillary bone. In epistaxis the hæmorrhage is usually confined to the anterior third of one of the nasal fossæ, and as pressure upon the facial artery causes a diminution in the flow of blood to this cavity, the hæmorrhage is arrested almost immediately, and this proceeding is therefore recommended as preferable to that of plugging the posterior nares by the aid of Belloc's sound, in attempting which the surgeon is generally pretty thoroughly smeared with blood, and is not unfrequently bitten. Dr. Marin has had occasion to give numerous trials to this method suggested by him, and has generally found it effective. In two instances where it failed, plugging the posterior nares was attended with like result.—*Boston Medical and Surgical Journal.*

Respiratory Murmurs.—At a recent meeting of the New York Academy of Medicine, Dr. James R. Leaming read a paper on "Respiratory Murmurs," intended to show its composite character. Referring to the anatomy of the tissue of the lungs and bronchial system, he calls particular attention to the circulations in the bronchial system; the bronchial arteries are attended by venæ comites only so far as the bronchial tubes extend, and not into the true pulmonary structure, consequently the blood which goes to nourish this structure does not return to the heart as venous blood, but is aerated in the air vesicles and returned by the pulmonary vein as arterial blood to the right side of the heart. Occupation of the air-sacs by tubercle interferes with the circulation of the nutrient artery, and blood is thrown back upon the bronchial artery, resulting in bronchoragia—a conservative act, for, like the application of leeches, it sets the absorbents actively at work to remove the cause. In this way cases of early phthisis are self-cured, or, at all events, ameliorated, and the physician is guided in his treatment. After some further comments on this manner of circulation the writer goes on to speak of the residual air in the lungs, and that it has no more motion than the water in the bottom of the ocean—the air in the air-cells is purified by the laws of the diffusion of gases. Hence, any theory of vesicular murmur or crepitant rale which ignores the existence of this residual air must of necessity be incompetent. The respiratory murmur consists of two sounds: the first, the motion of the tidal air in the bronchæ; the second, due to the contraction and dilatation of the muscular (?) fibers of the lung substances; the first is intermittent, the second continuous, and may be heard best when the breath is held. This, the true respiratory murmur, only begins to be developed after eight years of age, becomes recognizable at twelve, and is only fully developed at maturity. *The Broncho-Respiratory Murmur.*—The sound produced by the tidal air may be heard by forcing the respiration, thereby increasing the velocity of the air in the bronchial tubes and the loudness of the sound. It is heard most perfectly, however, in children before the true respiratory murmur begins.—*The Doctor.*

Treatment of Articular Rheumatism by Ice.—In the *Gaz. Med. de Strasbourg*, Feb., 1872, we notice that Dr. Esmarch published in the *Langenbeck's Archiv* about 1861, some observations on this subject. In the past winter there presented themselves in the ambulances four cases of acute rheumatism, which were treated by means of ice alone. In the first there was great pain in the joints of the feet; during the day the affection extended to the knee-joints, where ice was locally applied. On the morrow, the superior extremities were also affected with pain, the pulsations of the heart were weak, and the first sound accompanied by a murmur. All the painful articulations were covered with bladders containing ice. On the fourth day the pain had almost disappeared; on the fifth the pulsations of the heart were normal; on the sixth there were no longer any local symptoms; on the seventh the fever had ceased.

Two other cases were similarly followed by equally favorable results in the space of four days. In a fourth case ice was not used until the fifth day, but in four days after this the pain had disappeared with all other symptoms. Before the ice was applied the temperature increased gradually, but after its application it gradually became lowered. The author says he would not hesitate to use ice even in cases of gout; and as to the metastasis of rheumatism to the brain, he considers this to be the effect of the temperature. At Kiel there was received into the hospital a petient with rhemmatic delirium, and with a tamperature of 43° C. He was immersed in water, and a cure took place. The application of ice should be continued until all symptoms disappear. The author is convinced that when the prejudice against the use of ice is overcome, it will be used often in acute joint affections. Ice-bladders should be used, and not cold compresses, as Priestnitz did.—*The Doctor.*

New York State Inebriate Asylum, Binghamton, N. Y.—The annual report of the Superintendent and Physician, for the year 1871, has come to hand. Number of patients received since the Asylum opened, May 1, 1867, 1,017. Number of Patients in Asylum January 1, 1871, 71. Patients admitted since January 1, 1871, 244. Patients treated, 315, and 230 discharged. Present number of patients, 85. Of the 230 discharged, 184 were discharged with great hopes of a permanent reformation. Discharged mimproved, 46. Of 244 admitted during the past year, 226 used tobacco, 149 were married, and 95 were single men. Age of the oldest patient, 63; of the yonngest, 19; average age, 36. Deaths, none. 147 were constant drinkers, and 97 periodical drinkers. 165 drank whiskey; 64 indulged in brandy, gin and wines; 15 used opium. New York City contribnted 27 patients; Brooklyn and other parts of the State 90; Connecticut, 11; New Jersey, 10; Ohio, 10; Pennsylvania, 18; Canada, 12; and Massachussetts, 9. Of the occnpations, 19 were book-keepers; 29 were clerks; farmers, 15; lawyers, 25; merchants, 45; mannfacturers, 14; physicians, 6; 21, no occupation. Daniel G. Dodge, M.D., about two years ago was placed in charge as Superintendent and physician of the Asylnm. He is ably assisted by Mr. Carroll Hyde, Secretary, a former patient of the Institution. Dr. Willard Parker is the popular *President;* Wm. C. Wey, M.D., *First Vice-President;* George Burr, M. D., *Second Vice-President.*

Treatment of Scabies by Storax, Balsam of Peru, and Carbolic Acid.—Dr. V. Rothmund, Sen., of Munich (*Aert. Intell. Bl.*, 1871), mentions a mixture of two onnces of storax, olive oil one ounce, as an excellent and cheap remedy in itch, only that its scent is not good. Balsam of Peru is an excellent remedy in scabies. It contains cinnamic acid and ammonia. It is doubtless the best of all local remedies in itch, because the insects die more rapidly in pure balsam of Peru; it easily enters the skin, and baths are not required beforehand. A rubbing-in of about 40 tr. of Peruvian balsam is all that is required; repeated four or five times in the twenty-four hours suffices for a cure. Nine grammes are sufficient for an adult to rub in, and no bath is previously required. Dr. Rothmnnd also recommends the carbolate of sodium in quantities of half an ounce in six ounces of water applied to the affected parts thrice daily. This effects a cnre in two days and a half.—*The Doctor.*

Virginia State Board of Health.—The newly established State Board of Health of Virginia was organized at Richmond, May 18th, by the choice of Prof. S. L. Cabell, of the University of Virginia, as President, and of Dr. L. S. Joynes as Permanent Secretary. The Board consists of seven members, all physicians. Among the matters brought before the meeting for immediate action was the subject of vaccination and re-vaccination, with special reference to compulsory legislation. Virginia is the second State to follow the example of Massachusetts in the institution of a Board of Health.—*Boston Medical and Surgical Journal.*

Local Treatment of Small-Pox.—A writer in the London *Lancet* recommends the local application of liq. calc. sulph. in this disease, and reports great success therewith. We doubt its efficacy, as well as that of any other local application, but at the same time we are willing that others should try his method of treatment. He reports as follows:

"A boy of some ten or eleven years of age, who on Sunday last first showed the papular rash *very thickly* spread over the face, and fairly abundant over the body, whose primary fever had been very violent, with wild delirium, had the lotion applied over the whole body. I saw him yesterday (Wednesday), and found him quite well; the papules remained papules, and proceeded no further in development, but showed minute crusts on the surface of each papule, and where several were clustered together, and would evidently have become confluent, they remained in *statu quo*, arrested and destroyed. I am quite confident that had the disease been allowed to have its course, a serious and anxious case would have resulted; but by aid of the liq. calc. sulph. he is now in good health, with good appetite, and anxious to be up and down stairs.

"The boy's father took the disease while nursing a friend, and when I saw him the papules were becoming vesicles. By the application of the liq. calc. sulph. they *immediately* became pustular and died away; but he tells me he has had no scabs, and, having seen the course of the disease in his friend, is astonished and delighted with the lotion, and, therefore when, upon recovery, his son and wife were attacked, he immediately applied the lotion in the papular stage, with the remarkable result already stated."—*Medical Herald.*

To Test Green Paper for Arsenic.—We have been asked for a simple method of doing this. The tests for arsenic, strictly so called, are suited only to laboratory use, but since it is the arsenite of copper that is employed for the poisonous green colors, a test for *copper* is sufficient for ordinary purposes. Put a drop of aqua ammonia on the suspected paper, and if it changes the color to blue, you may be sure that copper is there, and almost as sure that arsenic is present also. There is not one chance in a hundred that a more critical examination would lead to a different conclusion. At any rate, we advise our readers not to use any paper on the walls of their houses, or for any other purpose, if this simple test makes its character suspicious.—*Boston Journal Chemistry.*

A Medical Congress, which is to be opened at Lyons on the 18th of September, is to be the medium of discussions upon the following subjects:—1. Epidemics of Small-pox. 2. Gun-shot Wounds. 3. Ambulances in Time of War. 4. Cattle-Plague and the Contagious Typhus of Cattle. 5. The Causes of the Decrease in the Population of France, and the means of arresting it. 6. The Treatment of Syphilis. 7. The Reorganization of Medical and Pharmaceutical Education in France. 8. The Means of Improving the Social Position of Medical Men.

Death from the Presence of a Piece of Needle in the Heart.—The *Cincinnati Lancet and Observer* states that at the post mortem examination of Miss Hoag, of Evanston, Ill., it was found that death was caused by the presence of a piece of needle in the heart. The needle was driven in by a sudden fall when she was about seven years old. The portion of needle extracted was about an inch and one-eighth long and of large size. The Editor remarks, "How life could have existed after it entered the heart, is a mystery even to medical men."

Comparative Mortality of Phthisis in Different States. — Dr. Constantin Paul (*Rec. de Therap.*) mentions that in France the mortality from consumption is 10 per cent., whilst in Paris it is 13·4 per 100. If the statistical records of other countries are credible, in Rome it is 6 per 100; in Naples, 8; in Venice, 8; in Turin, 9; in Geneva, 9·7; in England, 11; in Belgium, 16; in Berlin, 17·5; in Vienna, 20; in Hamburg, 22; and in Boston, U. S., it is 23 per cent. In general, the mortality from phthisis is less in temperate climates.—*The Doctor.*

Dr. Gauster, of Vienna, on Chloral Hydrate.—In the current number of the *Memorabilien*, Dr. Ganster mentions a case of tetanic spasms in a woman pregnant five months, which he succeeded in successfully treating by subcutaneous injection of morphia, and one drachm of chloral given in Liebreich's formula. In seven days of treatment the attacks of tetanus were arrested.—*Ibid.*

A Palpable Hit.—The *Boston Medical and Surgical Journal*, one of the very best of our exchanges, is responsible for the following thrust at the legal fraternity:

"The Criminal Code admits a new form of indictment in these latter days: Assault with intent to become insane."—*Medical Herald.*

Is Suicide a Sign of Insanity?—In the Superior Court of Baltimore, a verdict has been rendered against the Germania Life Insurance Company, of New York, for $2,000, the amount of a policy on the life of Lewis Fallman, who committed suicide in 1871. It was held the company was liable if the jury found the deceased had killed himself in a fit of insanity.

Such companies hold it *priori* evidence of insanity to commit suicide. Such a view is inconsistent with history and experience. Time was, when it was held an honorable thing to do, as witness the ancient Romans and Japanese. It depends on theoretical views of life and death whether it is or is not a rational and sensible act under many circumstances. These considerations have never been more forcibly put than in Hamlet's soliloquy, commencing, "To be, or not to be."—*Med. and Surg. Rep.*

The Lung Test.—M. Poucet showed, at a meeting of the Lyons *Societe des Sciences Medicales*, the lungs of a fœtus prematurely born. The child had cried, breathed, and lived an extra-uterine life of ten hours; but the lungs sank completely in water, as if no respiration had taken place. Other cases of the same kind have been related by other observers, showing the insecurity of the lung test in forensic medicine.—*Lancet.*

Book Reviews.

Catalogue of the Library of the Surgeon General's Office, United States Army; with an Alphabetical Index of Subjects.

This is a large and handsomely bound volume of 454 pages, giving the titles of 13,330 volumes. The alphabetical index of subjects although not complete, will be found very valuable for reference.

The library of the Surgeon General's Office dates only from the commencement of the late war, at which time it consisted of about 350 volumes of text books and journals. Since that time the increase by donation, exchange and purchase, has been very rapid.

That there is need in this country of a medical library of this character is sufficiently evident from the fact that in all the public medical libraries of the Unite States put together, it would not be possible to verify from the original authorities the references given by standard English or German authors. No complete collection of American medical literature is in existance; and the most complete in this country is in private hands, and not accessible to the public; while every year adds to the difficulty of forming such a collection as the government should possess. The books are now safely and conveniently arranged in the fire-proof buildings of the Army Medical Museum, and are accessible to the public under rules and regulations essentially the same as those for the Library of Congress.

There is also a pamphlet supplement accompanying the catalogue, giving a list of the American Medical Journals, and the numbers which are wanting to complete the files of the Library.

Memoranda on Poisons, by the late Thomas Hawkes Tanner, M.D. F. L. S.: Lindsay & Blakiston, Philadelphia. Price 75 cts.

This is a little pocket volume of 150 pages, completely remodeled from its former editions. With a view to making it more valuable, especially to the student, the chemical bearings of poisoning are carefully considered, and the more important and reliable tests are in each instance given, as well as the more important processes for separating poisons from organic admixtures.

Dr. Rigby's Obstetric Memoranda. Fourth Edition; Revised and Enlarged by Alfred Medows, M. D. Philadelphia: Lindsay & Blakiston. Price 50 cts.

This little pocket memorandum book is already well known through its former editions. The changes made in the present edition are sufficiently explained in the following extract from the preface: "The fact that this little book was originally written by the late Dr. Rigby, and that three large editions have been exhausted, is sufficient to justify the issue of a new edition which I have had pleasure in revising. I have ventured to alter the arrangement in some important particulars, to add some new matter, and to omit some of the old, hoping thereby to further the original intention of the author, by making the book as practically useful as possible."

Original Communications.

BENEFICIAL RESULTS FOLLOWING, AND APPARENTLY DEPENDING UPON, THE USE OF TEUCRIUM MARUM IN AURAL POLYPUS.

BY JOHN BARTLETT, M. D.

After having been troubled with otorrhœa for a year or more, in December last I became quite deaf. Upon applying to Prof. E. L. Holmes of Chicago, in March, a soft polypus, apparently springing from the membrana tympani was discovered, occluding the meatus. The shape and location of the growth was such that the aurist advised that its removal be deferred for a month or more, and that meanwhile its destruction might be attempted by local applications. Being familiar with the unsatisfactory results of the treatment of these polypi with caustics, and of the possibility of extraction proving, in the end, only a palliative measure, I cast about for some other means of relieving myself from this growth, which, on account of chronic deafness in the other ear, was seriously interfering with my comfort and business.

Being aware that teucrium marum had been used by Mayer as a local application, with good results in nasal polypus, and that it was recommended with confidence as an internal remedy for nasal and aural polypi by homœopathic writers, I determined to try it. Accordingly I took of the tincture one-half a minim four times daily. In one week Dr. D. B. Hillis of Keokuk, who was kind enough to overlook the treatment, discovered a slight contraction of the growth. In another week its dimensions were so far diminished that, immediately after syringing the secretion from the ear, an air space alongside of the polypus permitted for some minutes quite satisfactory hearing. The growth continued to shrink slowly and at the end of a month the passage to the drum which at first rapidly refilled with secretion remained permanently clear. The watch could be heard at six inches, and the stethoscope used with some confidence. I remarked that when the medicine was discontinued, as when traveling, or because of an occasional slight dizziness which I thought might be attributed to its action in diminishing the secretion from the ear, deafness returned. Upon resorting to the remedy again, hearing improved. During the first weeks of the treatment the teucrium was applied locally by dropping into the ear after syringing five or six drops of the tincture, diluted four times with water.

In June I called again upon Dr. Holmes; preparatory to an examination, he syringed the ear, and in so doing detached the polypus. Hearing was instantly restored. Some hemorrhage followed the detachment. The secretion, which had been copious, stopped within three days, and the meatus seemed in a better condition than for several years past. Upon careful inspection of the ear three weeks after the removal of the polypus, no evidence of a reproduction of the growth was discovered, the use of the teucrium, meanwhile, having been virtually abandoned.

It chanced that at the time of my first using the teucrium, I had under observation two cases of aural polypus, both of long standing; one had been detected seven years, and the other twelve years previously. These patients had declined active measures for relief. I sought them out and prescribed the tincture for them.

In the first case the polypus, of the mulberry variety, arising in the middle ear, reached outwardly so far as to have been within the touch of the finger. In six weeks, under the use of teucrium, its volume had diminished four-fifths, and it had receded within the middle ear. No uneasiness was experienced from the use of the medicine. During the latter half of the treatment, it had been used locally.

In the second case, no examination had been made recently. At the last observation the tympanal cavity was filled with two soft polypi. At the time of administering the teucrium, the deafness in the diseased ear was decided. For seven months the patient had not been able to hear the rumbling of wagons over the paved street. Ten days

after taking the first dose of teucrium he called for more, stating that his hearing had much improved; he could hear ordinary conversation, and the ticking of a clock was audible at a distance of thirty feet.

The first patient has been lost sight of for the present; the second discontinued the medicine, until recently, because, as he believed, it produced headache.

The botanical history of teucrium marum, kindly furnished by Prof. H. H. Babcock, is subjoined:

"*Teucrium Marum*, W., or cat thyme, is an evergreen shrub, eighteen inches high, a native of Spain, whence it was introduced into England in 1640. It blooms in July or August, producing pale, purple flowers. The recent leaves, when crushed, emit an aromatic odor, causing sneezing, but are bitter to the taste, whence the specific name from the Arabic, *Mar*, bitter. Cats are very fond of the plants, eating it with avidity. About fifty species of *Teucrium* are known, one only native of America, the *T. Canadense*, L., common throughout the United States, abundant near Chicago, and now in bloom."

The following account of the medicinal properties and uses of teucrium is taken from that admirable pharmacologia, Lessing's *Heilmittel Lehre*, Ed. 1844. It comprises all the information concerning the properties of the article which has fallen under my notice:

"Teucrium Marum is an unjustly neglected remedy, which by the older physicians was held in great repute as a fine volatile stimulating and anti-spasmodic nervine. It especially restores tone to the sensory ganglia, its salutary effects seeming to be specifically directed to the sensorium proper, so that while other articles of its class cause slight headache, this alone removes cephalalgia, when of a purely nervous character. The older physicians gave it in diseases of the respiratory organs; in spasmodic asthma; in difficult expectoration; in tracheal croup, and even in dropsical affections of the chest accompanied by serious nervous complications. They also used it in milder forms of typhus fever, in syncope, and nervous apoplexy. It is now for the most part limited to external use, and particularly to the treatment of diseased formations of the nasal mucous membrane, and polypi. In such cases it has been used as a sternutatory by Mayer and Kleeman with the best results."

The upper flowering stems and the leaves are used.

Dose, and mode of administration: Internally, seldom, one scruple to one drachm, in powder.

An infusion may be made in the proportion of half an ounce to an ounce to six or eight ounces of water. And as a decoction, three drachms to three cupsful of water.

Externally, as a sternutatory, a pinch of the powder may be taken from three to five times a day.

The doses of the infusion and decoction are not given, they may be deduced from that of the powder.

The tincture used by myself was made by macerating one part of the plant in ten of proof spirits.

SURGICAL CASES IN MERCY HOSPITAL.

Service of Prof. Andrews.

STONE IN THE BLADDER.

J—— C——, aged nine years, has been affected for two years with inflammation of the bladder. He was admitted in a state of exhaustion, and with the penis partly covered with large pustules. After a few days' tonic treatment and rest, a sound was introduced and a calculus discovered. The second day after he was etherized and the stone removed by the lateral operation. It proved to be a fine mulberry calculus (oxalate of lime) about one and a quarter inches in diameter. At the tenth day after the operation the boy is walking about, and seems out of danger.

EXSECTION OF THE SHOULDER.

B—— B——, a colored sailor, entered with a chronic ulceration, and fistula on the right shoulder. From the general appearance it was believed that the upper portion of the shaft of the humerus was carious, yet the

length and tortuousness of the fistulous tracks was such, that it was impossible to obtain positive proof by the probe. The shoulder joint had a certain amount of motion which was painless and free from any trace of crepitus even upon pressure. From this fact it was hoped that the joint itself was not involved.

The patient was etherized and an exploratory incision made for the introduction of the finger. The digital touch showed that the whole upper extremity of the humerus, joint included, was carious. The incisions were therefore extended freely and three and a half inches of the bone excised. In doing this, care was taken to preserve the periosteum, so as to favor the reproduction of the bone. The articular surface of the scapula also partook of the caries, and was freely trimmed with the gouge. The wound was treated with antiseptic dressings, and did well. It is now about five weeks since the operation, and the patient is able to walk about, and amuses himself by sweeping his own room.

CARIOUS ANKLE HEALED WITHOUT OPERATION.

W—— R——, a laborer, received a crushing injury from the fall of a quantity of brick, which produced a bad comminuted fracture of the lower part of the tibia and fibula. From the ankle joint three or four inches upward the bones were reduced to numerous small pieces like a bag of broken stones. Adjustment was very difficult, on account of the impaction of some of the sharp and displaced fragments, but was accomplished at last under the influence of ether. Cold water and ice bags were freely used to combat the inflammation, and after a few weeks the patient left the hospital with a union, but the bone weak and inflamed. About three weeks after he was brought in again with a foul discharging abscess of the ankle joint, a severe erysipelas of the foot and leg, and great prostration, accompanied with a muttering delirium, and symptoms of septicæmia. The probe showed that the whole ankle joint was in a condition of caries.

As he was so weak that I believed the shock of an amputation would be fatal, I determined to see if he could not be improved in his condition before operating. For this purpose he was given tincture of iron and quinine freely. The erysipelatous surface was washed every three hours with the following lotion:

℞ Zinci chloridi, ℥ j.
Acid carb. cryst. ℥ ij.
Aquæ, f ℥ x.
Misce.

For the joint, full antiseptic treatment was resorted to, that is to say, all the fistulas were thoroughly injected twice a day with a solution of carbolic acid, ten grains to the ounce, and the orifices were sealed by laying on them cotton compresses dipped in

℞ Ol. ricini, f ℥ x.
Acid carbol. cryst. ℥ j.
Misce.

The patient responded finely after a few days of anxious doubt. The suppuration was reduced to a small serous discharge, the erysipelas subsided, and the patient turned back from the edge of the grave. Finding that the vigor was steadily on the increase, I postponed the amputation from week to week, so as to have him in as good a condition as possible, keeping up all the treatment. At the end of about ten weeks the fistulas were completely healed, and all signs of caries obliterated. The joint of course was anchylosed, and the patient was cured without operation.

I previously cured a carious elbow in the same way, but the progress was slower, occupying a portion of ten months. It should not be imagined, however, that this attempt would always be successful. The shoulder joint, whose excision is mentioned above, was treated for some time in the same way, with the effect of reducing the suppuration, but accomplishing no healing, and the operation became a necessity, but the splendid success of the plan in the two cases of the elbow and the ankle show that results of the utmost importance can sometimes be obtained by full antiseptic treatment.

SENILE GANGRENE, AMPUTATION, DEATH.

Mrs. ——, aged eighty years, lost the lower half of the right leg some time ago, by senile gangrene, for which the member was amputated. She was now admitted with the same trouble in the remaining leg. Her extreme age and exhaustion seemed to render amputation hopeless. She was therefore placed on the use of tonics, etc., and the mortified limb was infiltrated with a ninety-five per cent. solution of carbolic acid, introduced at numerous points by means of a hypodermic syringe, to prevent decomposition. Under this treatment she improved so much that I ventured to amputate five inches below the knee. She proved too weak, however, and died the fourth day, of exhaustion.

CONCEALED VARIX.

Mary H—— was admitted for a moderate sized ulcer upon the front of the leg. After treatment in vain several months by every possible method, including skin grafting, I determined to cover it by flaps brought in from either side. The patient was etherized, the ulcer dissected out, and the flaps brought in. The operation revealed the fact that there was in the deeper parts of the fatty tissue a perfect network of enlarged veins, which gave no signs of their existence to external inspection. These vessels had walls thicker than ordinary arteries, and were so numerous that the cutting of two flaps each an inch and a quarter long in the skin and superficial fascia proved an exceedingly bloody operation. There has not been time enough yet to see the result, but it is an extremely interesting question, whether certain chronic ulcers are due to concealed varices beneath their floors.

PHYSIOLOGICAL ACTION OF CRYSTALLIZED ACONITINE.

Duquesnel, the distinguished French Pharmacist, has recently published, in the *Journal de Pharmacie et de Chimie*, an article on the active principle of aconite.

The "aconitine" obtained by chemists hitherto, with one exception, has been, according to Duquesnel, an amorphous article of uncertain strength and composition. The true, active principle of aconite, is crystallized aconitine, as obtained by him.—[See Duquesnel's process in the *Chicago Pharmacist* for July.]

The following article of MM. Grahant and Duquesnel, which we translate from the *Journal de Pharmacie et de Chimie*, contains a highly interesting demonstration of the physiological effects of true aconitine.

For the purpose of studying the physiological action of crystallized aconitine, we prepared a solution containing 1 milligramme to the cubic centimetre of water, and made the following series of experiments on the frog :

First experiment : We injected under the skin of the back of a frog by means of a Pravaz syringe, $\frac{1}{2}$ of a milligramme (8-10,000 of a grain) of aconite. At first the animal was agitated, the head drooped forward on the thorax ; thirty minutes after the injection of this feeble dose of poison, the exposed sciatic nerve had completely lost its motor excitability ; whilst the muscles of the thigh acted promptly under induced currents. Upon laying open the thorax, the heart was observed to beat regularly.

Second experiment : The Gastrocnemius muscle of the frog was dissected off, the sciatic nerve being left attached to the muscle. This muscle was placed in a watch-crystal containing a solution of aconitine, 1-5 of a milligramme to the cubic centimetre ; the nerve being suspended out of the fluid. In another glass the sciatic nerve of a second leg prepared as the first, was immersed in a solution of the same strength, while the muscle was kept from contact with the fluid ; the preparations were covered with a dampened bell-glass ; after a time, the nerve in the first preparation had completely lost its excitability ; whilst in the second preparation the muscles responded promptly to the excitation of the nerve. Aconite then destroys the motor power of a nerve by acting through its peripheric terminations.

Third experiment : Before poisoning the

animal, the circulation of one of the posterior members was cut off. All the motor nerves which received the poisoned blood, lost their physiological power; whilst the nerves of the leg, in which the circulation was arrested, continued perfectly excitable. It was observed that sensibility remained as long as muscular excitation through the motor nerves was possible.

These experiments made after the method of Claude Bernard, seem to establish the fact that in small doses the physiological effects of aconitine are analogous to those of curarine. Aconitine like curare exerts its first effects on the motor nerves.

Finally we made another experiment which, at first, puzzled us: We had injected into a frog one milligramme of aconitine, that is, a dose twenty times as large as those used in the former experiments; we were greatly astonished to observe that the animal retained, for a very long time, the excitability of the motor nerves, and that convulsive movements were continually made; but afterward, in opening the thorax, we recognized that the ventricle of the heart was completely stilled, while the auricles alone were feebly contracting. We then conceived the idea, that the posion, when thus administered in a strong dose, was competent to arrest primitively the heart's action; a result which would have the effect of preventing the absorption of the poison [through the circulation]. Experiment fully coroborated this hypothesis. A frog was disposed under the microscope for the examination of the interdigital membrane: one milligramme of aconitine was thrown under the skin; at the expiration of one and a half minutes, the circulation in the arteries was considerably abated; in three minutes it was completely arrested. Upon opening the thorax, the ventricle was motionless. The nerves of the brachial plexus were found excitable, but a little less so than the lumbar nerves, which retained almost entirely their normal excitability. The action of the heart being arrested, the poisoning could only take place by imbibition. With mammals, the toxic phenomena of aconitine are much more rapid, and much less easy of analysis. We have injected into a rabbit one milligramme of aconitine, and then kept up artificial respiration; at the end of half an hour the sciatic nerve no longer determined contractions in the muscles of the leg, which nevertheless preserved their contractility.

RESULT OF THE LATE MICROSCOPIC OBSERVATIONS UPON SYPHILITIC BLOOD.

BY EDMUND ANDREWS, M. D.,

Professor of Surgery in Chicago Medical College.

Some years ago, Dr. Saulsbury, of Cleveland, Ohio, gave out that he had discovered certain microscopic corpuscles in the blood of syphilitic patients, which he believed to be peculiar to that disease, and the cause of its symptoms. But little discussion or examination was elicited by this announcement, and the supposed discovery fell stillborn on the world. During the present year, Dr. Lostorfer of Vienna, read a paper before the Vienna Medical Society, in which he announced a similar discovery, but without giving Dr. Saulsbury, so far as I can learn, any credit for his priority. Probably the whole American discussion of the subject was unknown to the surgeons of Vienna. Professors Stricker and Hebra, both eminent men, at once gave in their adhesion to Dr. Lostorfer's views, and some Americans studying in Vienna, enthusiastically reported the discovery to one or two of our Atlantic medical journals, thus launching it a second time before the American profession.

Dr. Lostorfer's observations were made as follows: A very small drop of the blood was placed on a slide and covered in the usual manner with a thin slip of glass. The whole was kept for a day or two in a warm, moist place. If such a slide is examined from time to time with a No. 10 Hartnack's immersion lens, it will be found to present numerous minute vesicles in rapid motion, which gradually acquire a considerable size, sometimes nearly equalling the blood corpuscles. Dr. Lostorfer thought he saw signs of reproduction by germination.

At this stage of the discussion the distinguished Dr. Kobner took up the matter and spent three weeks in a careful series of experiments. Lostorfer had claimed that these vesicles were found only in syphilitic blood, and that the disease could be diagnosed by their means, but Kobner found them in blood from persons affected with lupus, eczema, acne, small-pox, and also in the blood of persons perfectly free from all disease. He found that by placing the slide in a warm moist receiver, he could cause the vesicles to appear within two hours, and by numerous experiments showed with apparent conclusiveness that they had nothing whatever to do with syphilis. This result therefore deprives the discovery of the corpuscles of all value as a means of diagnosing syphilis, and assigns to Dr. Saulsbury the doubtful honor of priority in making a blunder.

Clinical Reports.

CLINICAL CASES AND INCIDENTS.

BY N. S. DAVIS, M. D.

Every physician in active practice meets, now and then, cases of a unique character, requiring for successful treatment either unusual remedies or new modes of using ordinary ones. The special peculiarity of such cases may depend on some permanent idiosyncrasy of the patient, or the interposition of some temporary mental or physical condition that modifies, for the time being, the susceptibilities of the patient. They are pre-eminently the cases that baffle and annoy the inexperienced and the routine practitioner.

It may help some of our readers out of a dilemma, and aid in relieving their patients from suffering, to place before them the following clinical facts :

Case 1.—Mrs. B., a middle-aged woman, mother of a family, living in the south part of the West Division, was attacked severely with what is usually styled "bilious colic." She sent immediately for Dr. L., her family physician, who during three or four days exhausted his skill in vain for her relief. He tried successively anodynes, fomentations, cathartics, enemas, etc.; but the stomach of the patient soon became irritable, and everything taken was speedily rejected by vomiting, while enemas returned without any fecal discharge. In the meantime the abdomen had become very largely distended and tympanatic, tender to the touch ; the extremities cool ; pulse small, quick, and weak ; respiration irregular, and occasional sighing ; frequent retching and vomiting ; with great restlessness and prostration. At this stage in the progress of the case I met the attending physician in consultation. It was evident that the case had arrived at a critical stage, and must be relieved soon, or the patient would be lost.

As the attending physician had just commenced a new prescription, it was agreed that it should be continued for two or three hours longer, when, if no relief was obtained, an infusion of tobacco should be used as an enema. The specified time passed without any degree of relief to the patient, and Dr. L. had one drachm of chewing tobacco put into one pint of boiling water, and when cool enough, about one-half the quantity was injected into the rectum as an enema. Within twenty minutes the patient became free from all pain. The countenance turned pale, accompanied by a sense of faintness ; and there speedily followed a very copious evacuation of the bowels. The evacuation did not cease until the intestines were thoroughly emptied. She soon rallied from the sense of exhaustion, and improved rapidly for three or four days, when the intestinal obstruction again returned, with a renewal of pain, abdominal distension, quickness of pulse, and vomiting. The attending physician again administered the infusion of tobacco as an enema, which speedily induced very large fecal evacuations and entire relief to all the bad symptoms. This time the relief was permanent, and the patient fully recovered, and has remained well since.

It is more than thirty years since we gave the infusion of tobacco, the first time, for relieving dangerous obstruction of the bowels,

produced by irregular contraction of the muscular coat of the intestines.

The disease had been induced, apparently, by eating a large quantity of popped corn, and walking about three miles, carrying a baby only two weeks old.

On the same night after the long walk, she was attacked with severe pain in the abdomen, which was followed by all the symptoms attributed to "bilious colic." A very intelligent physician in the neighborhood was called and attended the case faithfully for six days, but failed to afford the patient any relief. Being on a visit to my brother, who resided in the same neighborhood, we passed the house of the sick woman together on our way to the adjoining town. Being recognized by a member of the family, we were stopped and requested to see the patient. We learned that the attending physician had been in a short time previous, had informed the family that further treatment was useless, and had left to visit other patients several miles distant. We found the patient presenting a haggard expression of countenance; cool extremities; a small, quick and weak pulse; the abdomen more distended than before her confinement, very tympanitic, and tender to pressure; prompt rejection of everything she took, with frequent retching; and mind wandering. The condition seemed fully to justify the unfavorable prognosis which had been given by her physician. Although far from my own home, and without any medicine, it occurred to me that there was still a probability that the powerful relaxing effect of tobacco might relieve the intestinal contraction and procure evacuations in time to save the life of the patient. Finding some chewing tobacco in the house, what was thought to be about one drachm was put into a pint of water boiling hot. It was stirred up frequently until it was no more than milk warm; then one-half of the infusion was injected into the rectum as an enema. We stepped out to look about the farm a little and to while away the time until the result was obtained. In twenty or thirty minutes a messenger came running after us, saying the patient was dying. We hastened in, when we found the family gathered around the bed, the patient as pale as a corpse, breathing slow and still, pulse a mere thread but slower, and the mind like one in a trance. The condition of the breathing soon satisfied us that she was not dying, and in ten minutes more an active rumbling was heard in the abdomen, quickly followed by a copious evacuation from the bowels. Several evacuations occurred in the next few hours, and in the feces was easily recognized a quantity of the popped corn, wholly undigested, that she had eaten the week previous. Soon after the evacuation of the bowels, she rallied from the sedative effects of the tobacco, her stomach ceased to be irritable, and she retained bland nourishment. During the next twenty-four hours, the bowels moved so frequently as to require small doses of morphia to allay the irritability of the mucous membrane, but she subsequently progressed steadily to complete recovery. From that time to the present we have occasionally resorted to tobacco enemas for the removal of obstinate intestinal obstruction, not dependent on invagination, and generally with success. It is, however, a remedy of extreme power, and should be used with corresponding caution.

Case 2. Mrs. M——, after exercising more than usual for two or three days, was attacked during the night with severe pain in the left iliac and hypogastric regions, accompanied by constipation. She had also had a miscarriage not more than three weeks previous. The pain was exacerbating and very severe, extremities cool, and pulse small and quick, but neither much tenderness nor distension of the abdomen. A physician was called during the night, who endeavored to allay the severe paroxysms of pain by suitable doses of morphine. This afforded partial relief for a few hours but was soon followed by secondary nausea, and the prompt rejection of everything taken into the stomach.

In the meantime the pain in the lower part of the abdomen and back remained unabated. Most of the succeeding day was spent in efforts to allay the pain by anodynes, and

enemas were given for procuring evacuation of the bowels, but with no relief to the patient. At evening, about twenty hours after the commencement of the attack, I was requested to see her. Her countenance was dejected; skin cool; pulse small and quick; lower part of the abdomen rather full and tender to the touch; urine scanty, and its passage painful; no movement of the bowels; and constant nausea with restlessness. Being satisfied that the pain was dependent mostly on uterine irritation, and that no preparation of opium would be tolerated even by subcutaneous injection without perpetuating the nausea and vomiting, she was advised to desist from all remedies by the mouth, and to have an enema of hydrate of chloral 20 grs., tincture of belladonna 20 gtts., in half a teacupful of water, slightly warm; and to repeat the same in one, two or three hours, as the pain might indicate.

Fomentations had already been applied over the abdomen, and they were continued. On visiting the patient the following morning, we learned that the first enema of chloral and belladonna was retained, and in half an hour the patient was so far relieved that she slept quietly, and continued to do so for two hours or more. In about three hours she had a slight passage from the bowels made up in part of the enema, and some pain following it. Another enema of the same materials was given. This again quieted her so far as to procure rest for the remainder of the night. In the morning we found her pupils moderately dilated; mouth dry, and face suffused with redness, evidently from the effects of the belladonna in the enemas. In all other respects she was much better. She was advised to rest quiet, take a teaspoonful of nitrous ether in a little water every three hours, to increase the action of the kidneys, and if the abdominal pains returned, to use an enema containing only half the quantity of chloral and belladonna that was used before. She had felt no nausea since the first enema. During the next twenty-four hours she had three additional enemas of the smaller quantity directed; the effects of the belladonna on the pupils and throat gradually disappeared, and the patient recovered with but little additional medication.

Case 3. Mr. R——, a young man, who was just recovering from a severe attack of inflammation in the right iliac region, resulting in the formation of a large internal abscess, but which had been entirely healed for ten days, was attacked suddenly and severely with pain in the region of the sigmoid flexure of the colon. He had rode out during the day and exercised more than at any time previous since the beginning of his sickness. In the middle of the night he began to have disturbance of the bowels, three evacuations occurring in quick succession, and leaving him with intense pain in the left iliac region. No further evacuations occurred, and though warm fomentations were applied externally and an anodyne taken internally, the pain continued without abatement and I was called early in the morning. Knowing from previous trials that any of the preparations of opium would be followed by secondary nausea and persistent vomiting, it was very desirable to avoid their use, and yet the severity of the pain without fever, rendered an efficient anodyne influence highly important. He was directed to have an enema of slightly warm water, half a teacupful, containing twenty grains of hydrate of chloral and twenty pwts. of tincture of belladonna; and if not relieved in one hour, to repeat the same with the addition of twenty drops of the tincture of opium. The first enema not affording much immediate relief, took the second as directed, which relieved the pain so fully that he slept some and rested well for twenty-four hours. Fearing that the attack might result in inflammation and suppuration similar to what had occurred in the opposite side of the abdomen, he was kept at rest for several days. No bad symptoms followed, however, and he needed but little further treatment.

Dr. R. W. Taylor has been appointed Clinical Professor of Diseases of the Skin at the Woman's Medical College, New York.

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, August 1st, 1872.

EDITORIAL.

The Chicago Medical Register and Directory for 1872–3.—Published subject to the revision of the following Committee: Dr. J. W. Freer, President Rush Medical College; Dr. N. S. Davis, President Chicago Medical College; Dr. W. H. Byford, President Women's Hospital Medical College; Dr. G. C. Paoli, President Chicago Medical Society; Dr. D. B. Trimble, President Chicago Association of Physicians and Surgeons; Dr. D. W. Young, President Illinois State Medical Society.

Edited by Dr. T. Davis Fitch, Permanent Secretary Illinois State Medical Society, 296 West Monroe Street, and Dr. Norman Bridge, 267 West Monroe Street.

This volume will be issued about October 1st, 1872, and will contain about five hundred pages. It will describe the character, object, and field of operation of the hospitals, infirmaries, dispensaries, charitable institutions, and asylums of the entire State of Illinois. Also, the medical and other scientific societies and associations, with full lists of membership. It will contain, also, announcements of the schools of medicine and Pharmacy. Full directions are given respecting the means of reaching and obtaining the benefits of these various institutions. Full information is given to medical students regarding the colleges, their location, the curriculum of studies, the fees, and requirements for graduation. There is given a list of physicians, in good standing, in Chicago and vicinity, and in the larger towns of the State, with residence, office, and office hours; also, a list of dentists, regularly graduated as D. D. S. or M. D., or who are members of a dental Society; also, a list of veterinary surgeons, who are regularly educated.

The *Register and Directory* will be mailed free of postage on receipt of $2.00. The issue will be limited to 5,000 copies, and will be supplied to subscribers only. Address *Medical Register*, 296 West Monroe street, Chicago, Illinois.

It will be seen by the above circular that Doctors Fitch and Bridge have undertaken the task of preparing and publishing a Medical Register and Directory.

Such publications have been found exceedingly convenient and useful to the profession in the cities of New York, Philadelphia, Washington, etc.; and we are glad that the work has been undertaken in this city.

We think the profession can rely fully on the faithfulness and good judgment of Drs. Fitch and Bridge, and we hope they will receive promptly all the aid they need.

Chicago College of Pharmacy.—We have received the sixth annual announcement of this institution, and take pleasure in commending it to such of our readers as are interested in Pharmacy.

The faculty, fees, time, and duration of lectures are as follows:

Faculty: Chemistry—Prof. N. Gray Bartlett, 108 Cottage Grove Avenue; Pharmacy—Prof. James W. Mill, 133 S. Halsted Street; Materia Medica and Toxicology—Prof. D. B. Trimble, 119 Twenty-second Street; Botany—Prof. Henry H. Babcock, 11 Eighteenth Street.

Lecture Fees: Matriculation Ticket paid but once, $2.00; Lecture Tickets (per session), including all branches taught, $36.00; Diploma, $5.00.

The lectures of the course will be given in the college rooms, 77 Dearborn Street, commencing on the first Wednesday in October, and continuing over a period of twenty-one weeks. During the holidays there will be an intermission of one week.

The lectures will be given on Monday, Wednesday and Friday afternoons.

Prof. Bartlett will deliver the introductory address on Wednesday evening, October 2d.

Gleanings from Our Exchanges.

THE USE OF PEPSINE IN THE DIARRHŒA OF INFANTS.

We make the following extract from a pamphlet on this subject by James S. Hawley, M.D., of Brooklyn, N. Y.:

We have now briefly noticed, in outline, the first two conditions of treatment, viz.: the removal of external causes of irritation, and the allaying of the morbid excitement which has sprung from their agency; and it may be asked if the natural functions will not now resume their offices, and the health of the patient be restored. Doubtless such would be the case did not the system labor under the combined effects of the transition state of dentition, and the impairment of strength due to the morbid causes above enumerated, and for which the correctives have been proposed. But the circle of remedies is not yet complete. The keystone of the arch is wanting, and, if left thus incomplete, will tumble back into the disorder and confusion from which it has been raised. The *ingesta* themselves become, for want of digestive and assimilative power, irritants to the sensitive and debilitated organs. Instead of affording nutriment to fortify the system against the dangers of the crisis through which it is passing, the food going through the intestinal canal in an undigested form, becomes, itself, an irritant, and adds another morbid cause to those already existing. This is not all; the food does not always remain a simple, foreign substance, inducing irritation, but undergoes putrifactive decomposition, adding new and more active sources of disease.

Here, then, is the gap in which we are to stand. And what are the weapons we are to use? Tonics and stimulants, as indispensable as they often are, here become awkward and doubtful. They are indirect and secondary —whips to stimulate lagging energies, and not power to perform the labor or lift the burden. Here the happy thought of Corvisart comes to our relief. The very function which is crippled, we can replace; the very strength which is exhausted, we can supply. By the administration of pepsine, we at once convert the ingesta into nutriment. They not only cease to be irritants to the digestive organs, but are absorbed into the circulation, and become sources of power instead of weakness.

Now we have fulfilled all the indications. First, to remove all sources of irritation from the quantity or quality of the ingesta, or change of temperature. Secondly, allaying irritation by sedatives. Thirdly, artificial digestion by the administration of pepsine. This simple but effective treatment is not new, but has more than once been presented to the profession for its approval.

In support of its efficacy, especially that portion which relates to artificial digestion, and which the paper is particularly intended to illustrate, a number of cases are brought forward, of which the two following are samples:

Case 8. July 28th. D. N——, an infant two weeks old, said to have been born in a plump and healthy condition. Its present state is one diametrically opposite. Its face is thin and skinny, exhibiting painfully the bony outline. It has thin, muddy, but not frequent alvine discharges, and vomits whatever it swallows, even to half a teaspoonful of its mother's milk. It lies stupid, with its eyes closed, and refuses the breast. It also has an intense muguet. In this extremity I ordered three grains of pepsine to be given every three hours, and half a teaspoonful of the mother's milk to be administered with great frequency. The following morning I found the mother, through utter hopelessness, had greatly neglected my directions. It was only through much persuasion, and the co-operation of a friendly neighbor, that she was induced to pursue the treatment. During that day the vomiting ceased, and on the following day the child took the breast and retained and digested its nourishment. From this day it steadily improved in condition, and its diarrhœa and muguet disappeared.

On the 8th inst., one week after my last visit, I was called to see its mother, and could hardly have recognized the infant which so lately had seemed in the last stage of inanition. Its face had acquired a comparative fullness, its color was restored, it nursed well and freely, and seemed as likely to live and thrive as any infant. This child was simply starving to death. What led to its condition of inanition I could not satisfactorily learn, but its state seemed most hopeless. This case illustrates, in a remarkable manner, how little assistance will restore the digestive faculty to its normal activity, and enable it to perform its functions unassisted.

Case 9. Christian Schwindt, aged 2½ years. The child has been suffering about six months from diarrhœa, and has become

extremely emaciated and pallid. His food is passed undigested soon after ingestion. He has been under treatment during the greater part of his illness, without success, and one of his medical attendants had pronounced the case incurable.

I ordered 15 grs. of the Am. Pepsine every time food was taken. The stools immediately began to show less undigested food, and the diarrhœa to abate. In four or five days the diarrhœa ceased, and flesh began to return to the emaciated frame.

At the time of making this note, one month after the administration of the pepsine, he is in perfect health.

Another great advantage arising from the use of pepsine in this disease, has been rendered apparent by a careful comparison of cases treated by the most approved method in vogue some eight years ago. The medical gamut was then sedatives, opiates, astringents, tonics. It yielded good results, but the cases were a long time in getting well. There came a period when the pernitrate of iron and the salts of quinia seemed almost powerless. This might be the third week or the third month in the disease. There was no particular irritation of the stomach, but unless the astringent was given with great regularity and in angmented doses, the discharges still continued. In these protracted cases the gastro-intestinal system seems but a passive tube, through which the food passes pretty much as it entered the mouth, giving but little nourishment to the patient and much annoyance to the atonized viscera. In these cases pepsine is very clearly indicated, and will slowly, but quite certainly, aid in the digestion of judiciously selected nutriment, until the system can recuperate sufficiently to manufacture its own pepsine, when the artificial substitute can be withdrawn.

The annexed cases are selected from several given in illustration:

Case 4. July 1st. —— Brush, 18 months old. Severe Diarrhœa.

℞ Pulv. Opii gr. i. Bismuthi Sub. nit. ʒ i. M. et pulv. f. No. xii; S one every three hours.

July 2d. No better. Continue previous prescription.

July 3d. No better.

℞ Am. Pulv. Pepsine ʒ ss. Bismuthi Sub. nit. ʒ i. Pulv. Opii gr. ss. M. et pulv. ft. No. xiii; S one with food every three hours.

July 5th. Much better, and in two days well. Mother informed me three months later that the baby had had several attacks of diarrhœa since, but "a few of those last powders cured him without our needing to send for you."

Case 5. Called July 2d, 9 A. M. ——— Creighton, age 2 years. She has been vomiting and purging severely all night.

℞ Am. Pulv. Pepsine. Bismuthi Sub. nit. aa ʒ i. M. et pulv. ft. No. viii.; S one every three hours, with beef tea.

3 P. M. Vomiting ceased, but much pain and diarrhœa. Added 1 gr. of ipecac, ½ gr. of opium to each powder, and ordered half one to be given every hour.

9 P. M. Better, but pain and frequent passages. Ordered 1 drop Tinct. Opii twice in night, and one-half powder every three hours.

July 3d, 9 A. M. Better, only two passages in 16 hours. Continue the first powder and give 1 drop of Tinct. Opii after each evacuation.

July 4th. Quite smart, but diarrhœa still keeps up a little. Renewed the first prescription; had no need for any other medicine. Perfectly well in two days.

THE YOUNG DOCTOR.

We clip the following characteristic bit of description from Oliver Wendell Holmes' story, "The Poet at the Breakfast Table," in the *Atlantic Monthly*, March, 1872:

The young Doctor has a very small office and a very large sign, with a transparency at night big enough for an oyster-shop. These young doctors are particularly strong, as I understand, on what they call *diagnosis*—an excellent branch of the healing art, full of satisfaction to the curious practitioner, who likes to give the right Latin name to one's complaint; not quite so satisfactory to the patient, as it is not so very much pleasanter to be bitten by a dog with a collar round his neck telling you that he is called *Snap* or *Teaser*, than by a dog without a collar. Sometimes, in fact, one would a little rather not know the exact name of his complaint, as if he does he is pretty sure to look it out in a medical dictionary, and then if he reads, *This terrible disease is attended with vast suffering and is inevitably mortal*, or any such statement, it is apt to affect him unpleasantly.

I confess to a little shakiness when I knocked at Dr. Benjamin's office door. "Come in!" exclaimed Dr. B. F. in tones that sounded ominous and sepulchral. And I went in.

I don't believe the chambers of the Inquisition ever presented a more alarming array

of implements for extracting a confession, than our young Doctor's office did of instruments to make nature tell what was the matter with a poor body.

There were Ophthalmoscopes and Rhinoscopes and Otoscopes and Laryngoscopes and Stethoscopes; and Thermometers and Spirometers and Dynamometers and Sphygmometers and Pleximeters; and Probes and Probangs and all sorts of frightful inquisitive exploring contrivances; and scales to weigh you in, and tests and balances and pumps and electro-magnets and magneto-electric machines; in short, apparatus for doing everything but turn you inside out.

Dr. Benjamin set me down before his one window and began looking at me with such a superhuman air of sagacity, that I felt like one of those open-breasted clocks which make no secret of their inside arrangements, and almost thought he could see through me as one sees through a shrimp or jelly-fish. First he looked at the place inculpated, which had a sort of greenish-brown color, with his naked eyes, with much corrugation of forehead and fearful concentration of attention; then through a pocket-glass which he carried. Then he drew back a space, for a perspective view. Then he made me put out my tongue and laid a slip of blue paper on it, which turned red and scared me a little. Next he took my wrist; but instead of counting my pulse in the old-fashioned way, he fastened a machine to it that marked all the beats on a sheet of paper—for all the world like a scale of the heights of mountains, say from Mount Tom up to Chimborazo and then down again, and up again, and so on. In the mean time he asked me all sorts of questions about myself and all my relatives, whether we had been subject to this and that malady, until I felt as if we must some of us have had more or less of them and could not feel quite sure whether Elephantiasis and Beriberi and Progressive Locomotor Ataxy did not run in the family.

Therapeutic Action of the Various Modifications of the Galvanic Current. —An article by Dr. Leon Le Fort has appeared in recent numbers of the *Gazette Hebdomadaire*, recommending the substitution of weak continuous currents for continued strong or temporary currents in the treatment of paralysis, muscular contractions and failures of nutrition; and gives the following summary of the relative values of the various modifications of the galvanic current as a therapeutic agent, as at present understood:

"The induced currents, such as are obtained with the apparatus of Duchenne (of Boulogne) and all the other apparatuses used in medicine, appear to be above all useful in exciting artificial movements in muscles over which the will has no control. They prevent simple atrophy, and can also prevent fatty atrophy; placing the muscles in a state of power to obey, later, the commands of the will whenever regeneration shall have taken place in the nervous elements which have become altered or destroyed. It is by this kind of fibrillar gymnastics that they influence the muscular nutrition.

"Perhaps, also, by the excitation which they produce, they can arouse nervous action.

"But there are cases in which these contractions cannot be awakened by the induced currents while continuous currents produce them. The anatomical and physiological conditions of these phenomena are still veiled in much obscurity, but, in brief, it is understood that these currents have only a mechanical action (muscular gymnastics), being useful in the same manner as induced currents, and should be employed in their stead, whenever induced currents are without action. In order to obtain these contractions, one is obliged to make use of currents of strong tension produced by batteries of numbers of elements, such as those employed by Remak, MM. Onimus and Legros.

"Continuous currents which are powerful have a marked action on nutrition; an action which appears to be direct and which shows itself in arresting fatty degeneration by the more rapid reproduction of anatomical elements, and by accelerating the absorption and decomposition of tissues.

"The sedative action of continuous currents, so useful in cases of neuralgia, is even more remarkable in cases of muscular contractions. Induced currents, on the other hand, are more harmful than useful. Now in cases in which it is desired to act upon nutrition—that is to say, upon continuous phenomena, incessant but slow—it appears to me that it would perhaps be advantageous to employ feeble but permanent currents. Experience has justified my predictions as regards paralysis and contractions—will it also be as happy in relation to purely nutritive phenomena? I think not. I have undertaken trials of it in cases of opacities of the crystalline lens, atrophy of the ocular membranes, and it is evident that in these cases one cannot employ strong currents.

"Scientifically, although it may be premature to establish precise indications in a sub-

ject still under study, I think I can say that in incomplete paralysis, whenever the induced current can produce muscular contractions, it is necessary to employ induced or interrupted currents.

"In incomplete paralysis, above all if it is the commencement of atrophy, and in complete paralysis in which the current only awakens contractions, it is necessary to employ continuous currents and to use a number of cells whenever it is wished to produce immediate contractions.

"But in all cases of paralysis with simple or fatty atrophy, above all, cases of atrophic reflex paralysis, or in those which are consequent upon a contusion; in all cases when it is desired to favor nutrition of the muscle, it is necessary to employ feeble currents which are permanent or continued for a long time.

"Finally, in all cases of contraction, or paralysis with contraction, feeble and permanent currents should be employed."

The simple apparatus recommended by Dr. Le Fort for the production of a feeble continuous current, and known as the Trouve battery, consists of a common drinking glass, at the bottom of which lies the end of a spiral of copper wire; and a wire of zinc twisted into a knot at its two extremities. One serving for the element, the other to make connection with the adjoining cell. The central wire of copper is isolated from the zinc, and from the column of liquid by a tube of rubber, or of glass, or simply by an oil-varnish. This wire supports the washer of copper which receives the oxide of zinc and prevents its being deposited at the bottom of the vessel on the copper. The glass is to be filled with ordinary water to which have been added several crystals of sulphate of copper, and the apparatus is in condition to work.—*Medical Record.*

On the Treatment of Ingrowing Toe-Nail.—Forty years since, when I was an assistant, a young farmer one day came to the surgery, and was operated upon for an ingrowing toe-nail. This was done by tearing the nail away. The poor fellow suffered so severely that I was impelled to say, "I will never perform that operation." Of course, in many years' active practice, I have had many such cases under my care; and my invariable mode of proceeding has been to find the edge of the nail with a probe, and then remove the whole of the granulations and hypertrophied cellular tissue on both sides, if requisite. In no case have I been disappointed, or ever had to treat the patient for a return of this grievous complaint. I fully expected that this mode of treatment was general; but my attention has been recently drawn to the case of a fine young man rendered almost a cripple by having both his great toe-nails torn out, leaving the overlapping skin to such an extent as to prevent healing, with the probability of return on the growing of a new nail. This was performed by a surgeon to one of the large metropolitan hospitals, where, I am informed, this mode of treatment is taught. In a clinical lecture by another hospital surgeon, reported a few weeks since in the *Journal*, are the following remarks:

"The common mistake made in this case was to blame the nail; but it was not the nail that was at fault, but the skin surrounding. This became thickened and ulcerated, and grew until the nail was overlapped."

Now the mode of operating which I wish to impress is to remove the offending granulations, instead of the unscientific cruel operation of tearing out the nail. I am aware that other surgeons follow this mode of treatment; and I considered it general until my attention was recently drawn to the case above mentioned.—*Stilwell.—British Medical Journal, July 13th, 1872.—The Clinic.*

Jewish Mortality.—According to Dr. Stallard's work on "London Pauperism," the mortality of Jewish children under five years of age is much less than among other children. There is no hereditary syphilis, and scarcely any scrofula. The mother engages in no employment that takes her away from her children. From one year to five the Jews lose only ten per cent., while the Christians lose fourteen. The average life of the Christian is thirty-seven years—of the Jew, forty-nine years. Beyond sixty years, only a quarter of a Christian population will be alive, but a quarter of a Jewish population will exceed seventy-one years. In Prussia the Christian population requires fifty-one years to double itself, but the Jewish population will double itself in forty-one years.—*Medical Record.*

Transfusion.—An account is given in the *Lancet* of three cases in which transfusion of blood was performed; two successful and one unsuccessful. In the latter, the defibrinated blood had been drawn the night before and kept fourteen hours before being used. This does not seem to have had any influence on the result of the case, which was one of exhaustion produced by gastric ulcer. The cases which were successful were those of poisoning by phosphorus and by carbonic acid. In these a quantity of blood was withdrawn, equal to that injected.—*Ibid.*

"Isolating Dressing of Wounds" is the term used by M. Viennois, in a late number of the *Gazette Hebdomadaire*, to indicate a mode of dressing wounds practiced by M. Olliver for a couple of years past, which he believes to be superior in its effects to the water bath as employed by Langenbeck. In cases where it is possible to do so, the part is immersed in a bath of oil, either by laying it into a trough of zinc, or, in the case of amputation, enclosing the stump in a pig's bladder (in the case of larger limbs) which contains a sufficient quantity of oil to completely cover the wound. The oil, he thinks, being of less s. g. than the fluids of the wound, allows them to gravitate to the bottom of the containing vessel, where they are completely separated from contact with the wounded surface. When this process is not applicable, lint or charpie soaked in oil can be applied, and covered with cotton wadding and a bandage.

Fifty(?) per cent. of phenic alcohol can be added, if desired, to the oil, which may be so rendered antiseptic. Union, in small wounds, sometimes takes place by first intention.—*Medical Record.*

Intestinal Erectile Tumors. — Dr. Laboulbene remarks that erectile tumors have been observed on nearly all parts of the skin, on the orifices of mucous membranes, and in several viscera; but no case of erectile tumor of the stomach or intestine has ever, so far as he knows, been recorded.

He has put the existence of such tumors beyond doubt by a recent communication to the Paris Academy. In the case related by him, the seat of the lesion had been diagnosed by the symptoms, and the forecast was corroborated by the subsequent examination, which discovered a spontaneously-ulcerated tumor of the duodenum.

The author draws the following conclusions:—

1. Erectile tumors (angioma) exist in the intestinal canal as well as the external tegumentary surface.

2. Such tumors are developed on the intestinal mucous membrane.

3. They may give rise to fatal hemorrhage.

Tannate and Sulphate of Quinine. — The question of the activity of the former salt has recently been discussed in the Academy of Medicine of Paris, Messrs. Chanfard, Briquet, and others thinking that it is without activity; and M. Mialhe, speaking of the sulphate of quinine, makes the following observation, which is worthy of attention:—

Sulphate of quinine should never be employed as a basic sulphate, but as an acid salt. In this state the sulphate may compete with all other salts the base of which is quinine; for it should be noticed that it is the quinine itself, and not its saline combinations, which is active. The acid serves only as a vehicle for the introduction of the quinine into the blood, where it is set free by means of the alkaline, or earthy bicarbonates which the blood contains, and then its therapeutic action begins. It is a mistake to believe that the sulphate of quinine, when the salt is administered, can be traced in the urine; the salts traced are the acid phosphates of quinine associated with the phosphates of lime and magnesia.—*Ibid.*

Renal Calculi the Cause of Screaming-Fits in Infants.—At a late meeting of the New York Pathological Society, Dr. Jacobi said that the frequency with which stones were found in the kidneys of new-born infants would lead to the conclusion that the origin of calculi was, if not congenital, confined to the earlier weeks of infancy. In forty *post mortems* upon children under six months, made in succession, there were calculi in the kidney in six. He remarked that the violent screaming-fits met with in young infants could often be accounted for on the supposition of the passage of a renal calculus. He had met with two such cases; one he had known to have had several of such screaming-fits, and in the other the stone was cut out and was found to have a very large nucleus of uric acid, pointing most unequivocally to its renal origin.—*Medical Press and Circular.*

American Children. — The foreign element in this country breeds more than double as many children as the strictly American. In the New England States, formerly, every family averaged about eight children. From the best information of the present day, it seems that in the families of the native population in those States they do not exceed three.—*Medical Record.*

A Collection of Pelves.—The Obstetrical Society of London has appointed a committee to form a collection of pelves, illustrative of various points in connection with obstetrics. The Honorable Secretaries to the Pelvis Committee, Alfred Wiltshire, M. D., and Heywood Smith, M. B., state that they will be willing, if desired, to make arrangements as to expense of carriage, casts, models, drawings, photographs, etc., with any society in this country, who may wish to contribute specimens. Their address is at the Society's Library, 29 Regent street, W.—*Ibid.*

Action of Phosphorus on the Bones.—At the Surgical Congress, held at Berlin in April, Herr George Wagner detailed the results of his experiments on the action of phosphorus on the organism, so far as they are of surgical interest. He finds that the fumes of phosphorus always produce periostitis of the jaws and facial bones in animals when the periosteum has been injured; when this membrane has not been injured, this effect is only occasionally observed. Phosphorus vapor also acts as an irritant on the exposed periosteum of other bones, but less intensely than on the jaws. Phosphorus given internally in pills, or in the form of phosphorus acid, affects the bones generally; but the results vary according as the animal is growing or full-grown. In growing animals new bone is deposited in much thicker masses than in the normal state. For instance, at the end of the diaphyses of the joints and at the beginning of the epiphyses of the long bones, the cancellated tissue is replaced by perfectly compact bone; and those parts of the bone which are formed from the periosteum undergo thickening, to such an extent as even to obliterate the Haversian canals. In grown animals the cancelli and the Haversian canals are narrowed; and in the tubular bones the medullary canal is encroached on by an osseous layer, and has even been observed, in fowls, to become completely obliterated. When the bones have been artificially injured by fracture or resection, the effect of the internal administration of phosphorus is to produce a richer and thicker deposit of new bone, presenting, especially after fracture, the character of ivory. The effect on osteoplasis is produced by the daily use of doses so small as not produce any toxic results, even though long continued. The practical question raised by Herr Wagner was, whether these results did not point out that phosphorus might be found useful in osteomalacia and in fractures, and also in caries and rickets.—*Brit. Med. Journ.*, June 15, 1872.

Deaths from Chloroform.—On June 8, an inquest was held at King's College Hospital, on the body of William Lyon, aged 36, who was an engine-driver, and had been under treatment at the hospital for an affection of the jaw-bone. It was considered necessary to perform an operation, and he was placed under the influence of chloroform, and two minutes after its administration he expired. A verdict that deceased died from paralysis of the heart, caused by chloroform, was returned.

The death of a patient while on the operating-table, under the influence of chloroform, occurred on the 27th of last month in the practice of the eminent Vienna surgeon Billroth. Disarticulation at the hip-joint was being performed, on account of osteomyelitis. The femoral artery had been tied, and Billroth was about to apply the galvano-caustic wire in order to divide the soft parts after the enucleation of the head of the bone, when the patient's breathing became stertorous, and he died. Tracheotomy was immediately performed; but it and all other attempts to restore life were fruitless.—*Brit. Med. Journ.*, June 15, 1872.

Vital Statistics of France and Prussia.—A considerable sensation has been caused this week in France by the communication of M. Decaisne to the Academy of Medicine of an important study on the depopulation of France, indicated by its present vital statistics. Comparing it with Prussia, he shows that there 100 marriages produce 400 children, while in France they give only 300. The percentage of births to population in Prussia is 3.98; in France, only 2.55. The annual excess of births over deaths in Prussia is 13,000 per million; in France, 2,400. As to the future, the French population would require one hundred and seventy years to double itself; that of Prussia, only forty-two; that of Great Britain, fifty-two; that of Russia, sixty years.—*Brit. Med. Journ.*, June 15, 1872.

Amyloid Degeneration.—It is well known that amyloid degeneration is very common after long-continued suppurations, especially of bones and joints. But Prof. Cohnheim gives (*Virchow's Archiv*, vol. liv., pts. i. and ii.) three cases in which it was found, after a suppuration of joints of only some months' duration. The suppurations occurred in healthy men from wounds received in battle. The spleen was affected in all the three, and the kidney in one, so that the amyloid degeneration was in an early stage. The author has no doubt that the degeneration was the result of the suppuration, and the cases are remarkable on account of its occurring after such a short period.—*Glasgow Med. Journ.*, May, 1872.

The First to Suggest the Idea of Dispensaries.—Dr. Samuel Garth, in 1702, was the first physician who suggested the idea of dispensaries where advice was given gratis to the poor. He may be considered the founder of those benevolent institutions. His poem of "The Dispensary" was a satire on the interested quacks and apothecaries who opposed the charity.—*Medical Record.*

Nervous or Sick Headache.—In those forms of sickness which are preceded by disturbed vision, or other signs recognizable by the patient as preceding an attack, the patient should lie down with the head as low as possible, and if the glimmering be on the right or left of the field of vision, he should lie on the opposite side. He should at the same time take some powerful diffusable stimulant. By this means the defective supply of blood to some portion of brain, which is the real disease, is counteracted. There is always a loss of tone about the cerebro-spinal system in cases of this kind, and of course all measures calculated to improve the general health should be adopted. If the attack is followed or preceded by great mental depression, nothing acts like half a drachm or a drachm of the ammoniated tincture of valerian. A remedy which is often given with great advantage during a severe attack is bromide of potassium in doses of five, ten, to thirty grains, combined with thirty or forty minims of sal volatile. If the attacks have been very frequent, or if there be any scrofulous tendency, the iodide of iron may be given in the following form:

℞ Ferri et ammon. cit., gr. v ;
Potassii iodidi, gr. ij.;
Aquæ, ℥ j.;

and, according to circumstances, fifteen to twenty minims of tincture of henbane, or twenty to thirty minims of aromatic spirit of ammonia may be added. If the stomach is irritable this may be given in the effervescing form. In other cases citrate of iron with ammonia and strychnine may be given with great success.—*Dr. P. W. Latham, p.* 102.—*Medical Press and Circular.*

Neuralgia. — *Galvanism.* — In order to cure neuralgia by galvanism we should use the continuous current, by means of small wet sponges attached to small conical conductors. The constant galvanic current has a truly marvelous effect over pain, whereas the interrupted current is of little or no service. The battery used should be Weiss's, sometimes known as Foveaux's. Eight cells of this splendid battery suffice, with very small sponges (about as large as would fill the head of a thimble). They should be applied to the painful part, an inch or two apart, and moved about, without being actually removed from the skin, for about two minutes. After resting a minute they should then be applied again for two minutes. Three very interesting cases illustrative of this plan of treatment are given.—*Mr. J. Stead, p.* 112.—*Medical Press and Circular.*

Book Reviews.

Report to the Surgeon General of the United States Army on the Minute Anatomy of Two Cases of Cancer. By Assistant Surgeon J. J. Woodward, United States Army.

This short report comprises some valuable additions to our knowledge of the histology of cancerous growths, and the two beautifully clear and distinct plates which accompany it are the finest specimens of the Photo Plate or Albertype process of printing that we have yet seen. The one representing the microscopic appearance of a section of a mammary cancer is especially accurate, and finely illustrates the immense superiority of this new process of engraving for this class of illustrations.

Spectrum Analysis Discoveries. Showing its Application in Microscopical Research and to Discoveries of the Physical Constitution and Movements of the Heavenly Bodies. Boston : Lee & Shepard. Price, 25 cents.

This little volume forms the fourth one of a series of popular science publications edited by Dana Estes. It contains numerous plates and illustrations, and its contents will be found of value to those interested in this comparatively new field of scientific investigation.

The Better Way ; or, Considerations upon the Natural System of Providing for the Treatment of the Insane. By Andrew McFarland, M. D., LL.D.

(From the St. Louis *Medical and Surgical Journal.*)

An American Italy for Invalids. A Dissertation showing the Advantages, Incidents, etc., of a Journey on the Plains, in the Rocky Mountains, and Mexico, for the Cure of all Chronic Diseases. By R. E. Fullerton, M. D. H. D. Chapin & Co., 50 East Harrison street, Chicago, Publishers. Price, 25 cents.

This is a little pamphlet of fifty-four pages, and contains valuable information regarding the regions of which it treats—the accommodations, means of travel, etc.

Original Communications.

CASES TREATED AT THE WOMAN'S HOSPITAL OF THE STATE OF ILLINOIS.

REPORTED BY MRS. J. G. BROWN, RESIDENT PHYSICIAN.

CASE I. *Chlorosis complicated with dysmenorrhœa and leucorrhœa.*

K. L., aged twenty years; unmarried; was admitted February 10, 1872. She is a slight, pale woman, but never had any serious illness until about three months ago. Menstruation commenced at the age of fourteen, and continued normal in all respects to December last. Since that time the flow has rapidly diminished, and now is not more than one-fourth its usual amount. The discharge is accompanied by extreme pain, which is referred to the lumbar and pelvic regions. In the intervals she has a copious leucorrhœal discharge. Her general aspect is feeble, and her complexion waxy and pallid, with a slight tinge of green. Her appetite is irregular; bowels constipated. She has occasional attacks of palpitation of the heart on making any exertion. There is also a condition of extreme nervous disquietude. Auscultation fails to reveal any organic disease of the heart.

The patient is one of the many whose circumstances have been changed by the great fire of last October. Since that event her hygienic surroundings have been of the worst character. Her home has been with a kind-hearted, indigent woman, into whose house three things essential to health, namely, nourishing diet, pure air and sunshine, never come. These were provided for her, and she was ordered to take ten-drop doses of the tincture of the chloride of iron four times daily. She was likewise ordered to have very warm sitz baths every second day, and to use an astringent vaginal lotion daily. Her bowels were to be kept regular by means of mild aperients and enemata.

March 6th. In every respect she is improved. Her bowels are regular, and appetite good. Her color has greatly improved. Her tongue is slightly furred, and she has diurnal headache. Sulphate of quinia is added to the iron, and she is to continue the rest of the treatment.

May 8th. Has so far regained her health as to be able to resume work, and is discharged.

Remarks: This case shows how rapidly bad hygienic influences, combined with the depressing effects of misfortune, may affect the health unfavorably. The patient, although not robust, had yet always been in fair health, but three months of life in a tainted atmosphere, with no conveniences for bodily cleanliness, had been sufficient to bring on serious general and local disorder. It also shows the rapidly beneficial effects of restorative medicine in such cases, when combined with proper attention to hygienic measures.

CASE II. *Obstinate Pruritus of the Vulva successfully treated by the Sulpho-Carbolate of Zinc.*

Mrs. H. L., aged 39 years, was admitted June 5, 1872. She commenced menstruating at the age of fifteen, the discharge being irregular, profuse, and attended with extreme pain, down to the time of her marriage, at the age of twenty-three. She is the mother of six children, the youngest being eighteen months old.

An examination revealed the existence of chronic endometritis, with extensive granular ulceration of the cervix uteri, and an abundant leucorrhœa. There was also an abscess in the right axilla, and another in the left groin. The bowels were constipated; the urine highly colored and scanty, but voided without pain or difficulty.

Notwithstanding her body seemed such a "Pandora's Box," she was insensible to all except the pruritis. This was described by her as far more terrible than any pain, being aggravated towards evening, and filling her nights with misery, and her days with dread of their return. It was for this only that she sought relief.

The cause of the pruritis was not quite clear. A slight papular eruption was visible

about the parts, but this seemed dependent upon the use of some irritating applications that had been employed to allay the itching, since it disappeared on their withdrawal. It was probably produced by the acrid discharges from the inflamed uterus. This appeared more likely from the fact that when the leucorrhœal discharge was kept from the parts by protecting the latter with unctuous substances, syringing the vagina frequently, and the use of a tampon of cotton, saturated with glycerine, her sufferings were mitigated, although not wholly relieved.

Appropriate treatment was addressed to the general condition of the patient, and Dr. Jackson advised the use of a solution of the sulpho-carbolate of zinc as a local application for the pruritis. The vulva, after being thoroughly bathed with tepid water, was washed twice daily with a solution containing half a drachm to the ounce of distilled water, the parts being allowed to dry without wiping. She was much improved at the end of a week. During the second week the application was made once daily, on retiring at night. At the end of the third week the patient was summoned to Wisconsin by a death in her family, and at the time of leaving the hospital the pruritis was wholly relieved. Recent intelligence from her assures us that there has been no return, except a slight irritation during menstruation.

The sulpho-carbolate of zinc has been used in several other similar cases, and always with good results.

Case III. *Amenorrhœa from undersized uterus.*

M. G., aged 32, was admitted June 5th, 1872. She has been married six years and has never conceived. Her habit is spare, and she has a weary, worn look, and a sallow complexion. The catamenia appeared at fourteen, and was natural until the time of her marriage. Since that time the flow has steadily diminished, until latterly it has amounted to only a few drops.

On examination, the uterus was found considerably under size, the cervix small and pointed, and the os so small as barely to admit the smallest uterine probe. From this latter there exuded a glairy, tenacious discharge. There was considerable leucorrhœa, both vaginal and uterine.

The treatment consisted in means calculated to induce uterine congestion and development. The cervix was painted freely with Churchill's tincture of iodine, and its canal slowly dilated by means of tents and the uterine dilator. Tepid sitz baths, and stimulating vaginal injections were used daily. She also took small doses of the syrup of the iodide of iron, three times daily, during the fortnight preceding the menstrual period.

Mrs. G. has now passed the third period since the above treatment was instituted. The uterus has become perceptibly larger, the menstrual flow has returned to its normal quantity, and her general health is greatly improved.

LUXATION OF HUMERUS FROM MUSCULAR CONTRACTION.

BY A. H. SALISBURY, M.D., MAZOMANIE, WIS.

Editors Medical Examiner—Allow me to report a case coming under my observation, not so much for its value, but because it is somewhat unique.

Mr. G. T——, a strong, muscular man, well formed; weight over two hundred pounds; age about forty; complexion dark; has for the last two years been subject to epileptic convulsions, at intervals of two or three months. In December last he had an attack after which he complained of a lameness in the right shoulder, but which disappeared in a few days.

April 19. I was called in the night. When I reached his house, the paroxysm was over, and I found him sitting up in bed nursing his right arm, and complaining of pain in the right shoulder. He had gone to bed about twelve o'clock, and after lying on his back for a few minutes, turned upon his left side, when the attack immediately came on, the muscles of the right side contracting strongly. The pain not subsiding, I administered morphine and chloral hydrate, and after a short time, injected morphine subcutaneously.

This quieted the pain and he went to sleep and slept most of the next day and night. I made no examination, for I supposed the pain arose from the same cause as in the previous attack—to violent muscular contraction.

April 21. When I called he was up and dressed, but said the pain in the shoulder still troubled him. I suggested an examination, but as he did not seem disposed, I ordered some anodyne liniment and left him.

On the 22d, being no better, I insisted upon an examination, and upon uncovering the shoulder, found a backward dislocation of humerus, the head resting on the dorsum scapulæ. By using slight extension and a little manipulation, the head slipped into place with a snap, giving my patient instant relief. He has had one attack since, but no trouble of this kind.

Clinical Reports.

CLINICAL LECTURE ON SOME OF THE ANOMALOUS PHENOMENA COMPLICATING CASES OF TYPHOID AND TYPHO-MALARIAL FEVERS.

BY N. S. DAVIS, PROF. OF PRACTICAL AND CLINICAL MEDICINE IN CHICAGO MEDICAL COLLEGE AND MERCY HOSPITAL.

Gentlemen: The patient before you is a laboring man, aged about 36 years, a native of Canada, and a resident of this city only a few months.

About one week since he called at my office for advice. His expression of countenance was dull; face moderately flushed; skin dry and warmer than natural; pulse about 90 per minute and soft; respiration natural; tongue covered with a dirty white fur, thicker along the median line; mouth moist; thirst moderate; no appetite; bowels slightly relaxed; and complained of dull pain in the head, back and limbs, with swimming or giddiness in walking; and a great sense of muscular weakness. These symptoms had been gradually developing for three or four days, and clearly indicated the forming stage of typhoid fever, he was directed to go home and keep quiet, take only light food, and for medicine, ten grains of sulphite of soda with eight drops of tincture of gelsemin. every four hours, and a pill containing three grains of quinine and one of blue mass every morning. Two days later a message was left at the office, and Dr. F. H. Davis visited him at his boarding house in Charles street. He found the patient presenting all the ordinary symptoms of typhoid fever, except in relation to the skin, which, instead of being dry, was thoroughly wet with perspiration. Owing to the relaxation of the skin, and some looseness of the bowels, he directed the quinine without the blue mass to be given three times a day, and instead of the sulphite of soda solution, gave an emulsion containing oil of turpentine and tincture of opium. About 48 hours later I saw him in consultation. His skin was still wet with perspiration; his countenance dull, with dryness of the lips and mouth as in ordinary typhoid fever; mind dull, but not wandering; pulse small, weak, and 120 per minute; respiration nearly natural; urine scanty, and passed with some pain; three or four thin evacuations from the bowels had occurred during the preceding twelve hours; and he was complaining of extreme pain in the region of the lower end of the fibula of the right leg. There was no swelling, no redness, no visible change in the appearance of the leg, except it was paler, or more bloodless, and entirely cold. The coldness was as perfect as though the limb was dead. We could find no pulsation either in the femoral or posterior tibial arteries. All the extremities were cool, and the patient looked very depressed. He was living in a very damp, badly ventilated place, entirely below the level of the street. He was directed powders of sulphate of quinine and morphine, both to relieve the severity of his pains and prevent further intestinal discharges, and dry warmth to the extremities.

In looking at the patient as he lay in his low, damp room, with feeble pulse, cool extremities, relaxed skin, and copious intestinal discharges, the question came up in the mind whether we had a case of pernicious chill, or, as it is more generally termed, congestive intermittant. But the quiet, dull expression of

countenance; the absence of paroxysms of restlessness and tossing; the quiet respiration; and the marked disparity in the temperature of the lower extremities, served to negative the idea of a chill of any kind; and the conviction was forced upon me that some serious mechanical obstruction existed in the arteries supplying the right leg. The cardiac sounds were natural in rhythm, but weak. This fact, with the quiet breathing, led to the conclusion that the obstruction was in the iliac or femoral artery, rather than in the heart or lungs; and as there was no tumor discernable in the abdomen or groin, it was presumed that the obstruction was from emboli or fibrinous clots. The next day the attending physician finding him no better, advised his removal to the hospital, which was done yesterday.

If you examine the present condition of the patient, you still see a dull typhoid expression of countenance; the upper lip is retracted; the exposed parts of the teeth are dry; the tongue coated; the skin dry, but not hot; respiration natural; pulse soft, weak and 115 per minute; abdomen soft; bowels moved three or four times in the twenty-four hours; urine scanty; and both lower extremities cold. The left retains some warmth in the upper part of the thigh, but all below the knee is cold and pale. The right leg is cold throughout, and mottled with purple spots from the foot to the knee, showing commencing gangrene. But there is no swelling and no paralysis, as he moves both limbs at will. This is a very unusual case. A laboring man, in the early period of vigorous manhood, residing in the city only a few months, and boarding in a low, badly ventilated place, is attacked with the ordinary symptoms of typhoid fever, and in four or five days suddenly loses all circulation in the right extremity, which progresses to the development of dry gangrene, and in two or three days more the same state of things takes place in the left. It would seem from the progress of the coldness and arrest of circulation, that complete obstruction occurred first in either the external or common iliac artery of the right side, and gradually extended upward to the abdominal aorta, and to the common iliac of the left side, thus completely interrupting the circulation to both lower extremities.

That the obstruction is in the arterial trunks is evident from the fact that there is no swelling or œdema of the limbs. If the venous trunks were obstructed, the blood would continue to flow into the limbs through the arteries, but not returning through the obstructed veins, its accumulation would necessarily be speedily followed by swelling and more or less serous infiltration into the tissues. You see, however, the reverse of all this in the present case. But what is the nature of the obstruction in the arteries? The absence of all signs of cardiac and pulmonary disease, and also the entire freedom from any abdominal tumors, leaves us only the emboli or fibrinous clots as the probable cause of interrupting the flow of blood to the lower extremities. That the fibrin and perhaps more or less of the albumen of the blood, does sometimes spontaneously solidify forming masses or emboli of greater or less size, which are capable of lodging either in the cavities of the heart or in the blood vessels, and thereby mechanically obstructing the circulation, is a fact familiar to the profession. The exact pathological condition of the blood, which favors or gives rise to such solidification, however, is not well understood. The subject is one that needs an additional amount of careful study, more especially by adding microscopic and chemical analysis to our clinical observations. The latter, so far as my experience goes, appears to show that the formation of emboli occurs chiefly in patients with impaired vital activity or molecular change, with accompanying circumstances such as would favor deficiency of free salts in the blood. It is generally conceded that the albumen, and probably also the fibrine of the blood, is held in solution in the living body by the free alkaline salts, more especially soda and ammonia. Let us see whether these views will aid us in unraveling the pathology of the case before us. The patient is a laboring man who, at work in the heat of summer, had, for two or three weeks previous to being taken down sick, drank profusely of water and more or less of

beer and ale. At my first interview with him he acknowledged that he had drank two or three quarts of fluids per day, and had sweat correspondingly profuse. A little reflection will show you how rapidly the composition of the blood must change in some important respects by such a process. All know that *perspiration* contains a notable quantity of saline matter, especially salts of soda; while neither water nor the beer drank supplied these elements. Hence his excessive drinking and consequent excessive perspiration, rapidly exhausted the free alkaline salts, and left these solvents of the albumen and fibrine deficient in the blood. But the evil did not stop here. A normal proportion of saline matter in the blood is necessary to give it the capacity for absorbing and holding the oxygen gas furnished in the air cells of the lungs, or in other words, to render complete the change from venous to arterial blood. This defective arterialization resulted in diminished innervation, muscular weakness, a leaden hue of the lips, a soft weak pulse, and feelings of decided general debility. Add to these, board and lodging in damp, ill-ventilated apartments with the accompanying impurities of a city atmosphere, and you have a fair view of the influences that were at work effecting the important pathological changes from which our patient suffers to-day. The same causes, acting with less intensity, perhaps, affect thousands of the inhabitants of all our cities and populous towns. The changes produced in the blood by the excessive use of drinks and the resulting excessive perspiration, constitute very important pathological conditions, and have more to do with the production of attacks of diarrhœa, cholera morbus, and typhoid fever than is generally supposed. If the circumstances to which we have alluded, or indeed any others, have so far influenced the blood of the patient before us as to give rise to emboli that have completely obstructed the passage of blood to the lower extremities and caused the present appearances of incipient gangrene, it is not likely that any course of treatment will avert a fatal result. It is not likely that any remedy can be safely introduced into the blood in sufficient quantity to re-dissolve a fibrinous clot large enough to block up the iliac arteries. If the deficiencies in the composition of the blood had been corrected by a supply of pure air and a judicious use of the chlorine salts during the preliminary or forming stage of the attack it would probably have prevented both the fever and the arterial obstruction. But in the present state of the patient the prognosis is entirely unfavorable. He should be sustained as much as possible with good nourishment and such medicine as will help sustain the vital properties and nervous force. Carbonate of ammonia and camphor alternated with small doses of strychnine would probably afford the patient as much benefit as anything we could suggest.

The formation of emboli in the cavities of the heart are not very infrequent, and it occasionally happens that the life of a patient laboring under disease of such nature as to cause diminished innervation and cardiac weakness has life terminated suddenly and unexpectedly from this cause.

A few years since I attended a man in feeble general health who was attacked with dysentery. His discharges were largely mixed with blood, but they had continued only about twenty-four hours when he suddenly presented signs of syncope and almost immediately expired. A *post mortem* examination revealed a tenacious white fibrinous clot occupying the right ventricle and extending several inches into the pulmonary artery. It adhered quite closely to the edges of the tricuspid valve as well as to the columnæ carnæ.

Within a few days a neighboring practitioner was attending a case of typhoid dysentery which had presented no unusual symptoms, but was apparently progressing favorably, when there suddenly supervened feelings of great exhaustion, bordering on syncope; the sounds of the heart became muffled and obscure; the pulse extremely feeble, and extremities cold. He passed directly into complete collapse and died in about twelve hours. Although no *post mortem* examination was allowed, yet I have no doubt but a

cardiac embolus was the immediate cause of the fatal result.

While speaking of these unusual complications I am reminded of a case recently seen several times in consultation: The patient, a laboring man, aged about twenty-five years, was attacked with a chill, followed by an exceedingly severe pain in his back and loins, with fever of a distinctly remittant type. The urine was scanty and high colored; stomach irritable; the bowels costive, and the pain in the back so severe as to cause the attendant to fear direct inflammation of the lumbar portion of the spinal cord. After a few days of treatment, chiefly with anodynes and alteratives during the febrile exacerbations, quinine and morphine in the remissions, and active revulsives and counter-irritation to the spine, all the more active symptoms subsided. The patient remained quite comfortable for two or three days, though not entirely free from dull pain and soreness both in the lumbar region of the spine and in the direction of the psoas muscles. The tongue remained coated, the urine rather scanty, and a noticeable increase of pain and fever every alternate day, but no chills. The continuance of these symptoms and especially the dull pain and tenderness in the psoas regions led to a suspicion that there might be forming a psoas abscess. But up to the time we now allude to, there had occurred no rigidity or contraction of the psoas muscles causing the thighs to be flexed on the pelvis as is usual in cases involving inflammation or suppuration in the psoas regions. While in this state, about one week after the commencement of his sickness, there came suddenly pain in the left hip, thigh and calf of the leg, accompanied by diffuse swelling of the whole limb. The swelling, tenderness, and pain were greatest on the anterior and outer part of the thigh and in the calf of the leg. There was no redness or erysipelatous appearance of the surface, and but little if any increase of temperature. Over the dorsum of the foot and ankle there was sufficient œdema to present pitting on pressure, but the calf of the leg and the whole thigh had a hard or semi-elastic feel, like that of phlegmasia alba dolens. The extent and character of the swelling; the rapidity with which it had been induced, and the preceding pain in the lumbar and psoas regions, led to the belief that some mechanical obstruction existed in the iliac vein, and it was feared that rapid and diffuse suppuration would take place in the cellular tissue of both thigh and leg. The stomach of the patient being irritable and inclined to reject whatever medicine had been given, he was directed nothing but a powder of sub-nitrate of bismuth, six grains, and sulphate of morphia, one-quarter of a grain, every three or four hours, and an emollient poultice of linseed meal over the whole thigh and leg. Under this treatment with mild nourishment he became quite comfortable, the pain gradually declined in the limb, and after two or three days the swelling also began to abate, and in a week it had entirely disappeared without any vestige of suppuration. The patient, though free from fever, remained weak and still suffering from pain and lameness in the small of his back. You will doubtless learn at a future time what becomes of the poor patient before you.*

We might allude to a number of cases presenting unusual complications, but our time will not permit.

Osseous Deposit in Eye.—Mr. Arthur Bracey, of Birmingham (*British Med. Journal*), exhibited at the Pathological and Clinical Section of the Birmingham Branch a specimen of bone found within a disorganized eye which he had excised. The deposit took the form of a cup, and occupied the whole of the inner surface of the choroid. Mr. Bracey stated that authors described similar formations as true bone.—*Med. Record.*

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*This patient continued steadily to fail, and died in about one week after he was admitted into the hospital. The right leg had become entirely discolored from gangrene, and the left partially so. A *post mortem* examination revealed no unusual pathological changes in the abdominal or pelvic viscera, except in the abdominal aorta and its branches. Commencing about three-quarters of an inch above the bifurcation, a tough, yellowish white fibrinous clot occupied the vessel and extended through both common iliacs, and on the right side through the external iliac to the groin, and the internal iliac two or three inches; also through the external iliac of the right side, but only slightly into the internal iliac. Throughout the extent just mentioned the arteries appeared full, round, and firm, as if injected, while above and below they were empty and collapsed as usual. The coats of the plugged vessels showed no appearance of inflammation.

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, August 15th, 1872.

EDITORIAL.

How Not To, and Why.—During the early part of the present year, a work was published on the hygienic management and proper physical training of children, written by Dr. Dan Newcomb, and designated "*When and How.*" Although we did not deem the style of the author wholly unexceptionable, yet the facts and principles inculcated in that work were correct, and were calculated to do good. We consequently noticed and freely commended the book to the patronage of the public. Since the publication of that work, the same author has caused to be published another and much smaller work entitled "How Not To, and Why; or, Arguments based on Physiological, Moral, and Social Relations in favor of Preventing Conception, and the giving of the *Ways and Means* in Plain Language." We find that some persons have mistaken our favorable notice of the former work in the EXAMINER as applying to the latter. To do justice, therefore, both to ourselves and to the public, it becomes necessary to say what we think of the author's last work. It is founded on three leading ideas:

First, That excessive child-bearing, at the present day, constitutes a great physical and social evil; by injuring physically the mother, impairing the physical strength of the offspring, and bringing more children into the world than the parents can properly provide for and educate.

Second, That men are beastly and unconquerable in their sexual passions, and will not practice continence, and therefore the woman should have the right to control the number of her children, and to that end should know the means for preventing conception.

Third, That to a great extent, at least, parents can control both the sex and the mental and physical character of their offspring, by observing certain rules and modes of life.

In support of the first idea, the author gives no facts, no statistics, but simply represents the condition of pregnancy as one of constant and unmitigable suffering, and nursing as one of injurious exhaustion. He deals in such general expressions as the following:

"They are filled with suffering all through the days of the intra-uterine life of the child, and end that stage in pangs of suffering that cannot be expressed in language."

Again, he says:

"Yet, though the mother bears every pain, performs every labor—in fact, does everything necessary to rear a child—we hear it said that she should not have a voice in the number she shall raise; but rather submit herself to the embraces of a brutal, beastly, passionate husband, who has only a pleasurable part to perform, as often as he may desire, without any power to prevent conception."

These arguments (so-called) in favor of woman's right to determine the number of her offspring, are simply appeals directly calculated to raise prejudice between the sexes, and to alienate the wife from her husband. Thus, after detailing all the horrors, mental and physical, accompanying the pregnant state, he exclaims:

"Who bears all this? The mother. And what part does the father have in the labors of raising children? Simply nothing. He is only necessary in the raising of children to assist in the creation, or the conception."

And again:

"While woman does the work and suffers the pains, she should have a voice in the frequency of those labors and pains. And if she must submit to the embraces of her husband, she should know how to prevent a conception following the favor."

After describing the sexual organs in both sexes and the part each sex performs in procreation, in the first chapter; giving a nauseating amount of the stuff we have quoted, in the second; and in the third mixed in a little moral seasoning in the way of condemning abortions and abortionists, he proceeds to give the *means* by which the married woman is to protect herself from the dire calamities of over-child bearing. On the title page he promises to give the "Ways and Means in Plain Language." And from the general tenor of the work, the readers' expectations will be raised to a high point in regard to these ways and means. And after all, what are they? Simply two. The first is the pretended physiological fact that there is a period of from seven to ten days, beginning twelve days after a monthly period and ending three days before the next one, during which the most free sexual intercourse may take place without danger of conception. This period he thinks is sufficient for all proper gratification of the sexual passions of the sexes. If it is true that such a physiological law exists, which we very much doubt, and both men and women were so considerate and strictly continent as to keep the times and seasons fully in memory, it might be available in regulating the number of children. But if the law was ever so reliable, and man as passionate and incontinent as our author represents him to be, of what use would it be to the poor wife. How is she to limit her "brutal, beastly, passionate" husband to those few days in each month? Admitting the difficulty of accomplishing this, the author gives one other remedy, viz.: cold water injections used immediately after sexual intercourse. This, though admitted to be very unpleasant to the woman, is claimed to be, both effectual and free from danger, *if used properly*. But what constitutes the *proper* use? Just how many minutes may safely be allowed to pass after the conjugal act is completed before the cold water must fill the vagina? How cold must the water be, and what quantity must be used to make the remedy certain?

Direct and exact answers to these questions, in "plain language," is just what the reader would expect the author to give. But all the answer he sees fit to give is the following: "We know of hundreds who have used it for years, and never found it to injure them in any way. *Be sure you know how to use it, and then you are safe.* For more *specific advice*, we refer you to your *physician*."

Imagine the expression that would come over the countenance of one of those young women, either just married or just about to be, who would rather spend the first half-dozen years of her married life in boarding-house flirtations, and at theatrical exhibitions, than in making herself mistress of a home and family circle of her own, when, after anxiously reading through all the rest of this book, she comes to the last paragraph just quoted. To come to the gist of the whole matter, the very thing anxiously sought, the remedy safe and certain, if used at the *right time* and in the *right way*, and then, for the details of the *time* and *way*, to be referred to the family physician, is much like being placed in the position of the fabled Tantalus. Certainly, if the author "knows of hundreds who have used it for years, and never found it (the cold water injection) to injure them in any way," he ought to know just *when* and *how* it should be used; and his failure to give these directions is a cowardly skulking from the responsibility of doing just what he fairly promises, both in the title-page and general tenor of his book. It is very easy to say a remedy is safe and certain, if *properly* used, but leave the directions as to what would be the *proper* use to somebody else. Then, no matter how many may make themselves sick, or even produce death, the author can always screen himself behind the assertion that the remedy was *not* properly used. We have practised medicine several years longer than the author of this little work, and have been brought in contact with a large number of married women, but so far from having found *hundreds* who had used the cold water injection successfully for years in preventing conception, we have not in the

whole time found a single score who acknowledged that they had used it half a dozen times each. And yet, of the limited number we have met, several made themselves severely sick. One young married woman, during the last twelve months, in the frequent use of decidedly cold water immediately after the sexual intercourse, brought upon herself a metritic and vaginal inflammation, so acute and severe as to endanger her life, and yet she did not prevent conception, but, on recovering from her severe illness, found herself pregnant, and at the proper time since has been safely delivered of a healthy child. And I may add that she is now both healthier and happier than she would be if she was still fighting off conception with cold water injections. The truth is, this little work of Dr. Newcomb's is one of a class of purely sensational works. He exaggerates immensely the frequency of the practice of criminal abortion; exaggerates still more the evils of pregnancy and child-bearing; fosters that sickening, mawkish sentimentality about child-bearing and the relations of man and wife, which has already done much to corrupt public sentiment, by lessening the idea of sacredness and value in the individual home and family, while its pretended remedies are delusive and dangerous. We have no doubt but the author is honest in the sentiments he utters, and intended his work should benefit society. But believing him entirely mistaken, and having our name connected with his previous work on the proper training of children, we felt under obligations to express a decided disapproval of the volume under consideration.

Errata.—By a mistake the proofs of Dr. Bridge's article were not sent to him for correction; hence the following letter:

Editors of the Examiner: In the paper published in the Examiner of July 1st ult., entitled "The Pathology of Hysteria," there are fifteen typographical errors, most of them so patent and glaring, that should they go uncorrected it were better for both author and publishers that the article had never seen the light. In the second column of page 193, the sentence "could there be a better example of certain trains of thought," etc., should have after the word "example" the words "of the effect." In the second column of the next page, "by the *relaxation*," should read, "by the *reflex action*;" and a few lines below, "they give *use* to sensations," should be, "they give *rise*," etc. In the first column of page 195 the print says, "may *evidence* a mood,"—"may *induce*," it should be. In the next paragraph, "insane about self-abuse," in the manuscript read "insane about self *by* abuse," etc. In the next column, "*nerve culture*," should be "*nerve-center*." The word following the words "sequence of events," on the next page, should be "*observed*," not "*absorbed*." Below, on the same page, the phrase "giving hallucination *to* erratic conduct," should have *and* instead of *to*. In the second column of this page the sense is distorted by the type saying "then comes out of it the natural love of being observed," etc.; "*and* the natural love of being observed," it was written by the author. On the next page is a phrase the reader of the paper intended as a very fine thing—"the physiology which is pathology"—yet see how utterly it is spoiled by the printer putting after the word *physiology* a comma! Instead of "*these*," the last word of the first line of page 198, should be "*that they;*" and six lines below, the word "*even*" should be "*ever*." Very respectfully,

N. Bridge.

267 W. Monroe St., Chicago.

Society Reports.

WISCONSIN STATE MEDICAL SOCIETY.

The Wisconsin State Medical Society held its regular annual session in the city of Fon du Lac, commencing on the 19th of June and continuing three days, Dr. J. Favill, its President, in the chair.

The attendance was good, and the number of applicants for membership showed a gratifying appreciation of the estimation in which

the Society is held by the profession of the State.

An address of welcome was delivered by Dr. E. L. Griffin, which was followed by some necessary routine work.

Reports of Standing Committees were rendered as follows :

On Surgery, several interesting papers were read, and in part illustrated, among which were the following :

A report from Dr. Meacham, embracing—A Pyrogenic Ovarian Cyst, Protracted Use of Chloroform, Resection of Tibia and Fibula in a Case of Viciously United Fracture, and a Case of Senile Gangrene.

From Dr. Lenn, a lengthy and valuable paper on Necrosis and its Treatment.

On Practice, papers were presented as follows :

By Dr. Manley, one touching on the Pathology and Therapeutics of Diabetes, Rheumatism, Cerebro-Spinal Meningitis, Epilepsy, Influenza, and Indigestion.

By Dr. Ferrin, on Small-pox and Vaccination ; and

By Dr. J. C. Meacham, on Encephaloid Cancer.

On New Remedies, an elaborate paper on Hydrate Chloral, by Dr. J. J. Brown, led to a discussion which revealed diversity of opinion and independent thought.

On Diseases of the Eye, Dr. E. W. Bartlett gave a paper on Iritis.

After these came reports of Special Committees, and voluntary papers, among which were the following :

Two papers by D. C. Davies, on Gynæcology, and a successful case of Ovariotomy.

By Dr. C. Linde, on Diseases of the Skin.

By Dr. Waterhouse, an essay on Enervation.

By Dr. I. Nichols, a paper on the Laryngoscope, with exhibition of different varieties of the instrument.

Dr. J. C. Davis, a report of a case on Paracentesis Thoracis in a Child: Recovery.

By Dr. Wigginton, on Hydrate Chloral.

By Dr. Witter, two papers, entitled Urethral Stricture and Urinary Fistula, and Cerebro-Spinal Meningitis.

By Dr. Marston, a history of three cases of Placenta Prævia.

By Dr. Conant, on Cerebro-Spinal Meningitis.

By Dr. Brett, on Compound Fracture, with loss of an inch of the Tibia, and subsequent recovery with use of the limb.

By Dr. Cory, on the Use of Anæsthetics.

By Dr. Brown, two papers on Suggestions on the Use of Anæsthetics in Midwifery, and on Intussusception.

By Dr. Brenton, a case of Post partem Hemorrhage.

By Dr. J. E. Davies, on Correlation of Forces in Physiology and Medicine.

By Dr. Vivian, a case of Fractured Skull with Depression, and its Consequences, himself being the subject.

By Dr. Griffin, a case of Cæsarean Section.

The foregoing papers and reports were prepared with manifest care, were well received, and will appear in full in the published transactions, together with an obituary notice of Dr. Mason C. Darling, the first president of the Society, by Dr. Griffin ; also a biographical sketch of Dr. J. H. Hyde.

At the afternoon session of the second day President Favill gave his annual address, on "The Relation the Profession holds, and ought to hold, toward the Community;" an able and eloquent production.

During the session several resolutions looking to the advancement of medical science were adopted, of which the more important were—one memorializing the Legislature for the appointment of a State Board of Health, in accordance with a movement originating in the American Medical Association, and one in reference to the examination of applicants for the study of medicine, as regards their educational attainments, with a view to raising the standard of scholarship.

A resolution was also adopted authorizing the Secretary to hold copies of the published "Transactions" for sale at $1 per copy.

The election of officers for the ensuing year resulted as follows :

President—Dr. H. Van Dusen, of Mineral Point.

First Vice-President—Dr. E. L. Griffin, of Fond du Lac.

Second Vice-President—Dr. John Dickson, of Allen's Grove.

Secretary and Treasurer—Dr. J. T. Reeve, of Appleton.

Censors—One year, Dr. D. Mason; two years, Dr. N. Dalton; three years, Dr. J. K. Bartlett; and henceforth one to be elected annually, to hold his office for three years.

The following standing committees were appointed:

Arrangements—Drs. J. K. Bartlett, Marks, and Johnson.

Surgery—Drs. Dalton, Palmer and Brett.

Practice—Drs. Waterbury and Bell.

Obstetrics—Drs. Whitney, Marston and Armstrong.

Pathology—Drs. E. H. G. Meacham, Brown and A. Clarke.

New Remedies—Drs. Lenn, Wm. Fox and Hall.

Medical Education—Drs. J. G. Meacham and Mason.

Diseases of the Eye—Dr. E. W. Bartlett.

Ethics—Drs. Strong, Russell and Marks.

After the appointment of delegates to the American Medical Association, and to the various neighboring State Medical Societies, this Society adjourned to meet in Milwaukee the third Wednesday of June, 1873.

J. T. R.

Gleanings from Our Exchanges.

BLINDNESS AND DEAFNESS IN CONSEQUENCE OF EPIDEMIC CEREBRO-SPINAL MENINGITIS.

BY H. KNAPP, M. D.

During the last three months and a half there have come under my care forty-one cases of blindness or deafness, the consequence of cerebro-spinal meningitis, which has for more than six months assumed an epidemic character in this part of the country. Among the forty-one patients thirty-one were deaf on both sides, eight were blind with one eye, mostly on left, one was blind with both eyes, and one was deaf on both sides and blind on one. In all cases the diagnosis of cerebro-spinal meningitis could be well established. The symptoms were—mostly a sudden attack of headache, increase of temperature, vomiting, convulsions with predominant opisthotonos, unconsciousness, deliria, staggering gait with a tendency to fall sideways, lasting for weeks and months after the recovery. Among the complications I may mention inflammations of the joints in some cases.

The affection of *the eye* begins usually in the first weeks of the general disease, with the following symptoms: Circumcorneal injection, discolored iris, ragged pupil, fundus oculi dull, its details not recognizable, or the fundus yielding only a somber red color, or appears black. Hypopyon and yellowish exudation plugging the pupil are not infrequent. The cornea, in some rare cases, becomes ulcerous; in others, the conjunctiva and lids are œdematous and very red, the eyeball protrudes, and exceptionally bursts, suppurates and shrinks. Ordinarily, the injection of the conjunctiva subsides, the cornea clears up, the hypopyon and exudation in the pupil disappear, and the eyeball assumes a strikingly peculiar and characteristic appearance, which I have only seen in cerebro-spinal meningitis, puerperal fever, and very seldom in typhoid and typhus fevers. The iris is dull and bulges forward like a cone. Its periphery, however, is usually drawn backward. The pupil is rather narrow, ragged and immovable. Through the transparent lens, which has advanced with the iris, a dull white surface is visible in the vitreous chamber. The eyeball is commonly softer and smaller than natural. Sight is completely and irrevocably lost. Later, the crystalline becomes cataractous. The eyeball will remain smaller and softer, squint outward, but never give rise to other inflammations, or sympathetic affection of the other eye. I supply these facts from my observations of the epidemic of cerebro-spinal meningitis which reigned in the upper valley of the Rhine eight years ago. The eye-affection has been mistaken for medullary cancer (glioma) of the retina, but may be distinguished from it by its acute development in combination with the general disease, the peculiar protrusion of the center of the iris and its retraction at the periphery, the dull white reflexion from behind the pupil, and the diminution of size and tension of the globe.

The nature of the eye-affection is purulent choroiditis, probably metastatic. There have been other changes of the eye observed in cerebro-spinal meningitis, principally hyperæmia and inflammation in and around the optic disk. They are rare and not specifical-

ly dependent upon this form of meningitis, but on hyperæmia, exudation, and proliferation in the cranial cavity in general.

The *ear-affection* in cerebro-spinal meningitis does not show symptoms so peculiar as the eye-affection. In the early stage hyperæmia of the middle ear is commonly present, the drumheads being dull, yellowish, the region of the handle and upper portion red, and the right spot faint, smaller, or absent. The pharynx generally red. The tympanum is inflatable, with a rough blowing sound, after which the appearance of the membrana tympani is not essentially changed. In very rare cases only the affection rises beyond this condition of a mild catarrhal otitis media, developing into purulent inflammation of the drum, with perforation of the drumhead and otorrhœa, which ceases in one or several weeks. These symptoms on the part of the middle ear are, however, of subordinate significance when compared with those furnished by the *inner ear*. In some cases patients at first find sounds around them—for instance, the song of a canary-bird—intolerably harsh, but very soon the hearing-power will diminish, and in nearly all cases be totally and permanently destroyed. When the patients retain their consciousness, impairment of hearing may be noticed as early as the second day of the disease, increasing day by day to total deafness in a week or two. In the majority of cases the deafness is only discovered when the patient awakes from his stupor; and may then be total or partial, increasing, in the latter instance, to total deafness very soon. I find, however, in my notes some cases in which hearing was still present some weeks after the disappearance of the severe symptoms of the acute disease, and was lost during the recovery. In all cases the deafness was bilateral, and, with two exceptions of faint perception of sound, complete. Among the twenty-nine cases of total deafness there was only one who seemed to give some evidence of hearing afterward. The treatment consisted in leeches behind and before the ear, blisters, tincture of iodine, ung. tart. stibiat. behind the ears, and the use of the galvanic current. I have seen no good results from this treatment, nor have I heard of a better one to substitute it.

In conclusion I may say a few words concerning the age of the patients, the mortality of the epidemic, and the nature of the ear-disease. The majority of the patients were under 10 years; above that age there were one of 10, 12, 13, 14, 16 years respectively, and two of 18 years. The epidemic does not seem to show a great rate of mortality; Dr. Ch. F. Rodenstein, of Westchester, N. Y., states only 10 per cent., while other epidemics showed a death-rate from 30 to 75 per cent. The nature of the ear-disease is, in all probability, a purulent inflammation of the labyrinth, by which the membranes of the inner ear are destroyed in a similar way as the membranes of the eye by the purulent choroiditis. Heller and Lucae have corroborated this by three post-mortem examinations. No disease of the middle ear could annihilate the hearing so completely that no no sounds whatever, not even a tuning-fork vibrating on the cranial bones, is perceived. The deafness cannot be the consequence of a destruction of the acoustic nerve within the brain, or of the center of audition; for it would be inexplainable why the adjacent facial or other cranial nerves are not, sometimes at least, found destroyed too. An additional proof is furnished by Dr. Gruening, who electrized the greater number of these patients according to Brenner's method, and obtained the normal reaction of the acoustic nerve—a fact which excludes the destruction of the nerve and center of audition.

In communicating these observations to the profession, may I ask the favor to be invited, if not inconvenient, to assist in post-mortem examinations of lethal cases of cerebro-spinal meningitis?—*Med. Record.*

PLEURITIC EFFUSIONS IN CHILDREN.

Dr. Rehn (*Jah. f. Kinderheilk*, 1872), says that in ten years' practice in Hanau he noticed eight cases of pleuritic effusion in children. Of these there were seven boys and one girl; the eldest child was about five years, the youngest eleven months. In two children, whom he remarked at the commencement of the disease, he noticed a pneumonic attack as preliminary. With regard to the rest of the cases, he is not able to fix on any etiology, since they came to him suffering already from effusion. In none of said children was there any other affection noticeable. The effusions in two cases were, in all probability, serous; one was probably purulent, and the rest were clearly purulent. Six effusions were on the left side, one on the right; in one case, which he treated about nine years before, he does not quite remember the side. In two children, where the effusion according to his opinion was serous, resorption took place in two or three months; in one child (whilst he was absent on a journey) a spontaneous opening of the empyema took place both outwardly and inwardly, and the child got well. Five children were oper-

ated on by him in company with a colleague, four by an incision with or without previous puncture, and one by puncture alone. Three of those operated on died, two got well; one with chronic purulent exudation after six months' treatment, the other, a child of one and three-quarters years old, with running of pus, which continued for fourteen days and then got well after (he will not say on account of) once puncturing the chest. It lies not in the intention of the author to publish observations which have already often been published, he will content himself to relate shortly the operative processes in order to make some general remarks on these.

The first case of empyema occurred in a child of eleven months, which had been suffering in the country for some six weeks from fever, cough, dyspnœa, etc. The child was found to be asphyxiated, with a notable left-sided effusion: the general nutrition was good. Puncture was at once undertaken, and about half a chopin of inodorous pus was withdrawn; on the next day the wound made by the trocar was enlarged by the bistoury. After apparent improvement there supervened a deterioration after the fifth day, evinced by elevation of temperature, cyanosis, increase of cough, want of nutrition, and loss of sleep, without any lessening of the effusion. On the other hand, there was over the posterior surface of the right side and thence towards the left, a sometimes greater, sometimes less, extended *rale* of coarser or finer description. The child died on the eighth day, and the *post mortem* examination showed the heart pushed over to the left side with centers of lobular pneumonia on the back part of the lung on the right side with bronchitis. In the left plural sac about half a chopin of greenish fluid; the pleura was much thickened, as also the aortal pleura; the left lung pushed up against the vertabræ, the upper lobe containing secretion. The bronchi hyperæmic.

In the second case the author was called into consultation to a boy of three and three-quarters years of age. There was extensive empyema on the left side with pressure of the heart toward the right side of the chest, the spleen was depressed. Puncture was made use of on 1st December, 1868, and about one and a half chopins of pus escaped.

On the 8th it was renewed, the wound was made larger and a canula left in. After a decided amelioration, about the 11th day the wound became vividly red. This turned to diphtheritic appearance, with hardness of the edges, with erysipelas and death. On *post mortem* examination, the heart was found dislocated much to the right, the right lung emphysematous, the left lung pushed backwards and upwards, and fixed in its place by growing together of both pleural envelopes. The upper lobe of the left lung was for the most part œdematous, whilst the lower lobe was soft and free from air.

In the third case a strong child of one year old became ill on 23d May, 1869, with pleurisy on the right side in the upper lobe and posterior aspect, and an exudative pleurisy quickly supervened. Apparently this was quite absorbed by the end of September, but the child again fell sick, and in October the whole of the right side of the chest was filled with effusion, which pushed down the liver, etc. Puncture with a trocar let out a great amount of pus, the wound was afterwards widened, a canula inserted, or a catheter to get away the pus. After great change in the symptoms, the making of pus ceased in about seven months, but there still remained a small fistula out of which a purulent secretion exuded. The child became, however, very strong and healthy.

In the fourth case of empyema, a boy of one year and eleven months, was attacked in October, 1870. The child was much depressed in nutrition and looked very pitiable. The effusion was also on the left side, measurements giving under the axilla on the left side 25 centimetres, and on the right only 23 centimetres. Over the nipple 26 centimetres at left, and 23 at right side, and at the level of the ziphoid cartilage, 27 centimetres on the left side, and only 24 on the right. The heart and spleen were both pushed out of place. The operation was by incision, and tedious treatment of the child was required by daily washing out the pus by the catheter, then using drainage tubes, etc. The child got much better until the middle of January, 1871, when headache, vomiting, sleepiness, and all the symptoms of baseless meningitis appeared, and the child died on January 23d. The *post mortem* gave exactly the same symptoms as in Case 1.

In the fifth case, a child one and three-quarters years old, had on September 23d, fever, dyspnœa, and cough. On October 5th, here the effusion was again on the left, Dr. Rehn determined on early operation, and on October 7th, made a puncture, drawing off half a chopin of thick, greenish fluid. The result was an astonishing recovery of the patient. The respirations sank from 52 to 32 on the third day; but a new effusion appeared, which was treated by digitalis, iodide of potassium, and iron, and gave way in about three or four weeks. Most cases seem to have occurred in boys, and most were under two years of age. The effusion was

almost always on the left side and purulent. The most important fact to be noticed, is the great and pressing utility of early operative treatment in pleuritic effusions, not only in purulent cases, but in acute and serous effusions. The operation is so slight as to be destitute of danger and should be made use of.—*The Doctor.*

Pleuritic Effusions Treated by Drainage.—In *La France Medicale*, 6th July, there are several cases mentioned, where the drainage of Dr. Cazenave has been successfully employed. In one case (Observation IX.) a patient entered the Saint Louis Hospital in May, 1864, under Dr. Cazenave, with double pleurisy. There was persistent effusion on the left side, with imminent asphyxia; thoracentesis was employed, and a quantity of pus withdrawn. There was persistence of the symptoms until August, 1865. In September, 1865, a new puncture was made, giving issue to much pus. In about fifteen days afterwards a fistula appeared at the opening of the puncture, with diarrhœa and sweating, and there were fever and nocturnal exacerbation. Drainage tubes were then used. The diarrhœa, sweats, and fever disappeared, the health was better, and the appetite returned. The patient kept the tube in all the winter, *i.e.*, about seven months, and at the end of February, 1866, no more pus issued from the chest. This patient was examined anew with particular care by Dr. Ranvier. This patient was treated by drainage also, in the service of Professor Gosselin, who sent him to Vincennes almost cured and so much better, that after wearing drainage tubes for more than seven months, he was found to be quite well. "This observation," says Dr. Manny, "proves the cessation of hectic symptoms whenever pus can flow continuously; but the presence of such symptoms of putridity whenever the liquid sojourns for any length of time in the pleural cavity; the innocence of the drainage tube; the dilation of the lung which has been compressed for some time; and the marked disappearance of narrowing of the thoracic cavity."

In another case of left purulent effusion, a spontaneous opening took place in August, 1864, and several quarts of pus issued. The patient had fistulous openings on the chest walls with interminable suppuration and gradual emaciation. Up to 25th August, 1866, there were constant symptoms resulting from retention of pus in the cavity, loss of appetite, vomiting, and disturbed respiration. The patient was forced to sleep in a sitting posture, had diarrhœa and fever with shivering fits. M. Gosselin on the 10th September, introduced a draining tube by means of a curved trocar and a large quantity of pus came away. In November, 1866, the patient was getting better and better. There was scarcely any suppuration, there was return of vesicular breathing, and the lung was dilating.—*The Doctor.*

India-Rubber Cloth in Diseases of the Skin.—Since 1868 (*Journal de Med. et de Chir. Pratiques*), M. Hardy, of Paris, has been employing india-rubber cloth in place of poultices or local baths. He employs pieces of cotton, covered with a layer of caoutchouc, and forming an impermeable tissue. This is only applicable to the extremities and to the head; and for the latter region he makes use of vulcanized india-rubber caps. After a certain time the part enveloped becomes not disagreeably warm, and then an abundant sweating takes place, under the influence of which the crusts, and the squames which cover the skin are removed, the epidermis spreads over the ulcers, and the skin becomes softened. The results obtained are similar to those obtained by poultices, but preferable for many reasons. Daily experience of the Hospital St. Louis shows a great rapidity in the modification of the skin; two or three days of application suffice completely to cleanse the scalp when covered with abundant scales of eczema, etc. After forty-eight hours application of the india-rubber cloth upon hands attacked with chronic eczema, with fissures and cracks in all directions, the wound becomes cicatrised, and the skin recovers its suppleness. This treatment is especially of great value in eczema in the second period of the disease. The crusts are removed, the plastic secretions disappear, and a thin epidermis, glistening and smooth, gradually covers the diseased part, and the eczema rapidly enters the third period. Itching is rarely relieved by this method. In ecthyma the pustules open, and the cure proceeds very quickly, thanks to the envelope. It must be noticed that the cloth must be covered with india-rubber, for the trial made with oiled silk did not succeed. The limbs should be completely enveloped; but the india-rubber cloth ought only to be tied on at the ends—between the ligature it should form a large sleeve. It should be kept on for a considerable time, and the patient should lie in bed. This method is also employed to make the scales of the psoriasis fall, or to restore the suppleness to the skin in chronic lichen.—*Ibid.*

Vital Temperature.—Dr. Jacobson, of Konigsberg, reports in Virchow's *Archives* (vol. li, 2d part) a series of experiments upon

animals relative to the temperatures of certain viscera, as measured by thermo-electricity. He has found, contrary to the assertion of Cl. Bernard, that the blood is warmer in the right than in the left heart; but has verified the assertion of the same author, that the temperature of the liver is superior to that of the axilla and the rectum. He has also observed that the temperature of the skin and muscles, when exceedingly inflamed, never attain a temperature equal to that of the interior of the body, or to that of the upper part of the vagina or rectum. By experiment on animals, in which pleuritis is caused, they verified the assertion of J. Hunter, that "blood inflammation can never attain a higher temperature than that found at the source of the circulation."—*Med. Record.*

Indigestion and its Management.—Dr. Bradford S. Thompson, N. Y. (*Am. Practitioner*, July, 1872), in his paper on this subject, alludes to a case under his observation where everything appeared to the patient double; in another, every object seemed inverted; and in another, total blindness came on, which continued for twenty-one hours. The latter patient, a conch-woman, of Key West, Florida, aged 47, was in the habit of eating prodigiously of a salad made from the indigestible conch, which abounds in that latitude.

In the indigestion of childhood the use of Bondault's pepsin wine can be highly recommended. This is prepared from pure pepsin, according to the formula of Dr. Corvisart, and is very palatable. Each dose possesses fully the digestive power of fifteen grains of the powder. This preparation, he states with much confidence, is superior to all other preparations of pepsin in use. It should be given immediately before a meal.

In regulating the diet, the author would impress upon the patient the necessity of observing the subjoined rules: 1st. Enjoin frequent and regular eating in the majority of cases. It was a remark of Sir William Temple, "that the stomach was like a schoolboy; if idle, always in mischief." The deduction drawn from this is to keep the stomach moderately employed. 2d. Let the diet be simple, always consisting exclusively of one article. 3d. Drink little or nothing while eating. 4th. Exercise should not be permitted directly after eating. In many cases a voracious appetite attends this affection; but in the majority of cases there is very little inclination to eat; and under these circumstances it will not be amiss to attend to the following particulars for the purpose of exciting the appetite: Do not let the patient know what he is to eat. The food should always be cold. When hot, the odor will often destroy the appetite. The dishes should always be small; for nothing is more distressing to a patient with a delicate stomach than a large dish of meat placed before him. These circumstances, though apparently trivial in their character, are very important, and deserve recollection.—*Med. Record.*

Blue Light as an Organic Stimulant.—At a recent meeting of the Philadelphia Agricultural Society, General Pleasanton read an interesting paper on the effects of sunlight on plants and animals, when transmitted through blue glass. Geraniums which had become unhealthy recovered their vigor and became more deeply colored when covered with blue glass; and the branches of the same grape-vine showed a remarkable difference in their growth of leaves according as they were or were not covered with blue glass, the leaves on the former having a diameter of six to eight inches, being of a deep-green color and perfectly healthy; while the uncovered branches were only two inches in diameter, and of a pale, sickly yellowish color, indicating a feeble vitality. The paper also mentioned a case of the wife of a Philadelphia physician who had for some time been suffering from a complication of disorders which had baffled the skill of her physicians, and who, on the suggestion of General Pleasanton, tried the following plan: Every other pane of glass in one of the windows of the patient's room was removed and the blue glass substituted, and the patient required to expose her back and spine to the action of the combined blue and white lights for thirty minutes each day, at the same hour. At the commencement of treatment she was unable to sleep or eat, was in a miserable condition, and wasting rapidly. At the end of ten days the pains in her back were less, her hair had commenced growing thickly, and there was a marked improvement in her general condition. In three weeks she was almost entirely well.—*Ibid.*

The Treatment of Pleurisy.—Doctor Quincke, of Berlin, (*Berliner Klin. Woch.*) mentions that he had, under Dr. Fredrichs, the opportunity of treating fifteen cases of effusion in pleurisy by operating. He comes to the following conclusion:—In order to get rid of serous exudations, the most practicable method appears to be puncture with a fine trocar, and withdrawal of the fluid by suction. Even when nothing more than a palliative result is to be expected puncture is often indicated. In exudations of pus, in-

cision, and afterwards daily out-cleansing of the cavity of the pleura is indicated at once, and this should be done early, since a spontaneous absorption is unlikely to take place, and at any rate is very tedious. Even in many cases of purulent pleurisy, which turn into pneumo-thorax, operative procedures are indicated.—*The Doctor.*

Anti-Phlogistics in Myelitis.—Dr. Reignier (*La France Medicale*) gives two or three cases of myelitis successfully treated by him. A man, æt. 45, a peasant proprietor, was greatly addicted to drinking wine. April 20th, he experienced formication in the feet and hands, and was forced to discontinue his work. On May 25th there was total loss of power in his locomotory organs. Tongue furred, pulse full but not accelerated, no dyspnœa or constrictive pain around waist. On percussing along the spine no painful sensation was experienced. Micturition was easy; but constipation obstinate. Intelligence clear. Was this congestion or inflammation? Thinking it might be congestion, thirty leeches were placed along the spine, revulsions were applied to the extremities, drastic purges used, and low diet. The paralysis continued, and intolerable pains shot through the limbs like lightning. He then was treated by revulsions, and ten canteries were applied along the vertebral column, five on either side, from above, downwards, to the level of the loins. On the 28th May, a month after applying the cautery, there was great amelioration. On the 15th June he could stand, and on the 23d could move without a stick.

A New Theory of Asthma.—In the sputa of asthma, also in the spleen of patients who have died with lenkemia, certain colorless, octohedral crystals have been observed, says the editor of the *Pacific Medical Journal*, by European microscopists. Some of the crystals are large enough to be detected with the naked eye. Professor Leyden, of Konigsberg, as appears from an extract from *Virchow's Archives*, in the *Philadelphia Medical Times*, regards them as the cause of the bronchial spasm in asthma. He advises asthmatic patients to inhale a solution of common salt and carbonate of soda, for the purpose of dissolving the crystals and preventing their formation.

Lady Medical Students.—It appears that out of four hundred students attending the University at Zurich, no less than eighty are ladies. Most of them are medical students, and, what is strange, most from Russia.—*The Doctor.*

Book Reviews.

Diseases of the Throat. A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Œsophagus, Trachea, Larynx and Nares, by J. Solis Cohen, M. D. Wm. Wood & Co., Publishers, New York. For sale by Jansen, McClurg & Co., Chicago.

This is a handsome volume of five hundred and eighty pages, numerously illustrated with wood cuts.

The opening chapters are devoted to a general consideration of throat affections, methods of examination, the use of the laryngoscope, etc.

The different varieties of sore throat and the special affections of the Larynx and Trachea, etc., are then considered in detail under the following headings: Erythematous, Phlegmonous, Ulcerated and Membraneous Sore Throats, Diphtheria, The Sore Throats of the Exanthematous Affections, Syphilitic Sore Throat, Sore Throat from Burns and Scalds, Special Affections of the Palate and Uvula, Special Affections of the Pharynx, Special Affections of the Œsophagus, Affections of the Nasal Passages, Affections of the Frontal Sinus, Affections of the Larynx and Trachea, and a concluding chapter on Diseases of the Neck, affecting the deeper tissues of the throat secondarily.

The volume forms altogether the most complete and comprehensive treatise on this troublesome, and much neglected, class of affections that has ever been presented to the American profession. While many of the ideas and opinions advanced by the author are original with him, and derived from his own extensive experience in the treatment of these special affections, the major part of the volume is made up of compilations from all the more modern treatises on the subject.

Money Receipts to Sept. 1st, 1872.—Dr. Wm. Low, $3.00; Dr. N. Senn, $3.00; Dr. L. Asire, $3.00; Dr. J. M. Steele, $5.00; Dr. E. W. Edwards, $3.00; Dr. E. S. Cleveland, $6.00; Dr. C. Marsh, $15.00; Dr. M. Parker, $3.00; Dr. W. Blanchard, $3.00; Dr. J. W. Fink, $3.00; Dr. Orin Peck, $6.00; Dr. A. Gaslin, $6.00; Dr. W. H. Searles, $3.00; Dr. G. W. Lawrence, $5.00; Dr. E. F. Greenleaf, $5.00; Dr. D. Lichty, $4.00; Dr. F. R. Payne, $3.00.

Clinical Reports.

CLINICAL CASES.

FROM THE NOTE BOOK OF N. S. DAVIS, M. D., PROF. PRACTICAL AND CLINICAL MEDICINE IN CHICAGO MEDICAL COLLEGE.

CASE I. *A Sponge Tent in the Uterus Six Weeks.*—Mrs. C—— called at my office for advice in August, 1872. She complained of a constant dull pain in her back and hips, extending often to her thighs, and a constant bloody serous discharge from the vagina, offensive to the smell, and slight general fever. She stated that little more than six weeks previously, a physician who was treating her for some uterine disease, introduced a sponge tent into the mouth and cervix of the womb, and on his attempting to remove it, the string came off and left the sponge behind. And all his efforts to remove it since had failed. On making a simple digital examination per vaginam, I could not satisfy myself that there was anything occupying the mouth of the uterus. The os and whole neck, as far as the finger could reach, were swollen and tender to the touch.

The patient was directed a vaginal wash of sulphate zinc and morphine, dissolved in water, to be used twice per day, and a laxative pill to move the bowels. She returned on the morning of the second day, with all the more important symptoms unchanged. She still insisted that the sponge tent was in the womb, and that the pain in her pelvis and thighs was very severe.

Placing her in a proper position, and introducing the speculum, with a good light the os and neck were brought into full view. The parts were considerably swollen and very red, but not ulcerated. A bloody, serous fluid was oozing from the mouth of the womb so freely as to require to be wiped away with a sponge, and it was very offensive. A probe passed into the os appeared to meet with some obstruction about half an inch from the outer entrance. I then took a pair of medium sized forceps, used for extracting nasal polypi, and carefully crowding the closed blades into the uterine canal and then slightly opening the blades and moving it a little further on endeavored to grasp whatever might be the obstructing body. Finding that something had been actually seized, gentle traction was made, but the instrument soon appeared to slip from its hold and was withdrawn. On examining the blades, however, I found they had brought away a small bit of sponge, a mere shred, but it was sufficient to show that the tent was actually there, as the patient had represented. I re-introduced the forceps, crowding the blades well up to the cavity of the uterus, then opening them with a forward movement, succeeded in grasping the sponge with a firm hold, and by steady, moderate traction, the descent of the uterus being prevented by the blades of the speculum, a sponge tent an inch and a quarter long and nearly half an inch in diameter was brought away. To correct the fœtor of the discharge, as well as to lessen the irritation locally, she was directed to use the following wash with the syringe three times a day.

℞ Carbolic acid crystals, 30 grs.
Glycerine, ℥ ii.
Water, ℥ vi.
Mix.

She was also directed to take one teaspoonful of the following mixture before each meal and at bed-time:

℞ Bromide ammon., ℥ iv.
Tr. strammonii, ℥ ss.
Syrup wild cherry, ℥ ii.
Water, ℥ iss.
Mix.

From this time she continued to improve, and in two weeks appeared quite well. The case should teach caution in attaching the ligature to uterine tents.

CASE II. Mrs. S——, aged about 40 years, mother of six or seven children; generally healthy, had a miscarriage in April, 1872, at about the sixth or eighth week of pregnancy. She was in a distant State at the time, and only came under my care recently. She gave the following facts: At the time of the miscarriage the escaped fœtus was observed and fully identified, but I could get from her no satisfactory evidence that the escape of the

after-birth had been identified, although her attending physician gave her quite positive assurances that it had. She lost only a moderate amount of blood at the time, and began to get up and look after her household affairs in a few days. She found, however, that there remained an almost constant moderate hemorrhage, with dull, heavy pains in her back, a sense of soreness through the pelvis, and general weakness. These symptoms were pretty uniformly aggravated by walking or any exertion on her feet. In a few weeks the discharge became more dark, and emitted an offensive odor, and often contained little shreds or clots. Of course her strength steadily failed; she had almost constant soreness in the vagina and neck of the bladder, with desire to urinate frequently, in addition to the heavy dragging pain in the back and hips, and soreness across the hypogastric region. She had also a moderate chronic diarrhœa. She was seen often by her family physician who treated her with tonics, astringent vaginal washes, and rest, but made no vaginal examination. When she kept in the recumbent position, the flowing would cease for a day, but was renewed as soon as she made the least exertion, and in spite of her constant use of astringent and deodorizing washes it continued very offensive. In this condition she passed the months of May, June, and July, sitting up a part of almost every day, and sometimes riding out, but gaining no strength, and no exemption from suffering.

About the middle of August a physician made an examination per vaginam, and finding some tough, fleshy substance protruding from the mouth of the uterus, he suspected it to be a polypus, and so informing the lady, she determined to come to Chicago for treatment. Before her arrival here, however, the supposed polypus came away spontaneously, and was described as an irregular, fleshy, and exceedingly offensive mass, in bulk equal to a hen's egg. Considerable hemorrhage had accompanied the escape of the foreign body, and on her arrival a serous bloody discharge still continued, but only moderate in amount. On examination the os-uteri was found large, patulous, tender to the touch, with constant oozing of a dark bloody fluid; and some enlargement and tenderness of the whole cervix and lower part of the body of the uterus. She was kept quiet in the recumbent posture for one week, the vagina washed out night and morning, with the following wash:

℞	Sulph. zinc	ʒ ii.
	Sulph. morph.	15 grs.

Mix, divide into 12 powders. One to be dissolved in half a teacupful of water when used.

A solution of persulphate of iron was applied to the os and neck with a sponge, twice at intervals of three days. As the patient had a moderate chronic diarrhœa, with pain in the region of the sigmoid flexure of the colon, she was directed to take one teaspoonful of the following emulsion before each meal and at bed-time:

℞	Ol. terebinth,	ʒ iii.
	Ol. wintergreen,	30 gtts.
	Tinct. opii,	ʒ iv.
	Pulv. G. arabic and sugar, aa	ʒ vi.
	Rub together and add water,	℥ iv.

Mix.

It was thought the turpentine in the prescription would also act favorably in allaying the irritation in the cavity of the uterus. Under this treatment she improved steadily. At the end of one week she began to sit up a part of each day, and in two weeks to ride out. An examination at that time found the cervix and os reduced nearly to the natural size, with only a slight leucorrhœal discharge, and no pain except what was connected with the bowels. She soon after returned to her home.

Several thoughts are suggested by this case. First, the great importance of having all clots or other solid masses passed during a supposed abortion saved until they are carefully examined by the family physician, that he may know with certainty whether the uterus has fully discharged its contents or not. Second, the necessity of a prompt and careful examination of the condition and relations of the uterus in all cases of supposed miscarriages or unusual hemorrhage. A neglect of this has caused mistakes so numerous and

important that it should be no longer tolerated. Third, the unusual and interesting fact that the placenta and membranes of a pregnancy of two months were retained after the escape of the fœtus, between four and five months without inducing either pyemia, acute metritis, or fatal hemorrhage.

Case III. *Effects of Alcohol and Opii.*—Mrs. B——, a married lady, who had long been addicted to the excessive use both of alcoholic drinks and opiates, was admitted into the Mercy Hospital early in July, 1872. We learned from her friends that for nearly two months previous to her admission, she had been confined to her room, and mostly to her bed, and almost constantly in a state of mental derangement. She presented a pale, anemic aspect, though fleshy; her skin was cool, pulse small, weak, and quick; respiration natural; the cheeks were of a livid or purplish hue, as if the blood was not perfectly decarbonized; mouth and tongue moist, but the latter coated in the middle and reddish along the edges; the stomach irritable, often rejecting food and drinks; the bowels slightly loose, and urine scanty. Although her attending physician had been several weeks endeavoring to get her gradually off from the use of both alcohol and opium, still she was taking several drinks of the one and several grains of the other daily. Whenever these agents were withheld long enough for their stupefying effects to cease, she became exceedingly restless, moaning, and uttering the most pitiable cries for relief from pains in the lower extremities, and the most horrible mental depression, hallucinations, and sleeplessness. These symptoms would increase until the jactitation, mental anguish and hallucinations, with the feeble pulse and frequent efforts at vomiting, would make the husband and friends think her life in immediate danger, and then they would again give the accustomed anæsthetic or opiate until she became quiet, and she would remain stupid from ten to eighteen hours. The impulse of the heart was feeble, and its systaltic action short and weak, so much so, that we had some fears that fatty degeneration had already commenced in the muscular structure of that organ. As she had already spent two months of utter wretchedness under medical treatment, founded on the policy of trying to withdraw her accustomed poisons gradually, and having no faith in that process, we told the husband and friends plainly and positively that she must not have one drop of any kind of alcoholic drink, or a particle of any preparation of opium, except as we might prescribe, and that her chances of recovery would be greatly increased if they would stay entirely out of her sight and hearing. Having consented to leave her entirely in our hands, they left her only a faithful colored woman as a constant attendant and nurse. We first directed her to have twenty grains of the bromide of potassium every two or three hours, and twenty grains of the hydrate of chloral at bed-time, with beef tea or milk in tablespoonful doses every hour, except when she might be asleep. The house physician was also instructed, in case she became excessively delirious in the first part of the night, to give a hypodermic injection of morphine—one-eighth of a grain—for the first two or three nights.

As was anticipated, the bromide and chloral failed to quiet her in the doses prescribed, and at night the hypodermic injection was given. Under the influence of this she slept heavily all the next morning.

After following the above method of treatment three days without any improvement, the moment she was out from the influence of the morphine or excessive doses of chloral being partially delirious, annoyed by all kinds of visions, noises, and constant restlessness, with the most piteous complaint of pain in the abdomen and lower extremities, we determined to abandon these articles, and as the mucous membrane of both the stomach and rectum was irritable, causing vomiting and frequent inclination to go to stool, she was directed the following mixture:

℞	Carbolic acid crystals,	8 grs.
	Glycerine	℥ ss.
	Tinct. belladonna,	℥ ss.
	Tinct. digitalis,	℥ i.
	Camph. tinct. opii,	℥ ii.
	Water,	℥ i.

Mix. Take one teaspoonful every two hours, until the vomiting and tenesmus ceased, and then lengthen the interval to three hours. In addition she was to have twenty grains of the bromide of potassium at bedtime each night. The same nourishment was continued.

Under this treatment the patient's stomach and bowels steadily improved, but the extreme nervous symptoms were only moderately improved for the first three or four days. Her complaints of distress in the legs and abdomen; her mental wandering and begging for relief and sleep, with the cool extremities and feeble pulse, were well calculated to alarm the friends, and make even the inexperienced physician fear a fatal result, and yield to the entreaty for a *little* of the accustomed stimulants. But having been shown by abundant experience that such yielding only served to protract the condition of the patient indefinitely, while there was no real danger to life, we answered all her entreaties by the positive assurance that she would soon be better, and that under no circumstances could she have a drop of alcoholic drink, or a grain of opium. The moral effect of such assurances in regard to recovery on the one hand, and the utter hopelessness of returning to her former habit, on the other, contributed much towards her final recovery.

We have always found that the sooner such patients could be made to believe not only that they *could live* without those fascinating agents, but also that they positively could not get them on any pretext whatever, the sooner they became tranquil, and the more rapid would be their recovery. The object in giving the digitalis was to impart more steadiness and force to the action of the heart, while the carbolic acid and camphorated tincture of opium should overcome the irritability of the stomach and bowels. After the first three or four days she began steadily to improve; and at the end of four weeks was up, neatly dressed, entirely free from suffering, a fair appetite, and free from delusions, except sometimes the hearing of voices when she slept at night. This, too, will disappear as the brain and nervous structures become more completely renewed by healthy nutrition. To prevent such patients from relapsing into old habits, however, it is of great importance to keep them under observation, with careful attention to the digestive and assimilative functions, for two or three months. They must be aided, mentally and physically, until the morbid impress of the alcohol and opium upon the nerve structures has had time to be eradicated by metamorphosis and renewal of structure.

Flies as Transporters of Disease.—A curious and perhaps important discovery has been made recently by M. Kletzinsky, a Viennese professor. Noticing that persons sick with the small-pox were often visited by flies, he placed near an open window of the hospital a saucer filled with glycerine. Soon the flies gathered and were caught like birds with glue. In their endeavors to free themselves the foreign matter which had adhered to them was left in the glycerine, which was at once submitted to the action of a microscope. It was found that this substance, which was chemically pure when offered to the flies, was full of strange cells very like those seen in the vesicles of small-pox, but never on flies. This discovery shows that these insects are not only filthy, but can be very dangerous means of spreading contagious diseases.—*Bost. Med. and Surg. Journ., June* 28, 1872.

Surgical Treatment of Anasarca.—In a severe case of anasarca, Dr. Wolff (*Berlin Klin. Wochenschr.*, No. 141, 1872) introduced into the skin a number of fine cannulæ, such as are used for subcutaneous injections, and left them there. Through twenty-five cannulæ thus used, twenty quarts of fluid were discharged in three days. The fluid was carried away in elastic tubes into a vessel near the bed. No inflammation of the punctures, nor any other unpleasant results, followed the operation.—*Ibid.*

A Triumph for Lady-Doctors.—The *Medical Times and Gazette*, of May 11th, says: "Our advertising columns to-day contain a novel announcement. The Birmingham and Midland Hospital for Women wants a resident medical officer possessing a medical degree or diploma granted after due examination. Lady-doctors are admissible as candidates. This is the first appointment of the kind which has been opened to ladies in this country."

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, September 1st, 1872.

EDITORIAL.

Chicago Medical College.—The commencement of the next regular annual course of instruction in this college, will be on Tuesday evening, October 1st, 1872. The Introductory Lecture will be given by Prof. D. T. Nelson. We wish our readers to be particular to note the day, because, formerly, the first Monday in October has been the time for commencing the term, and from an oversight it had been allowed to remain so stated in the standing advertisement of the college, in our advertising columns.

Cundurango and Cancer.—It will be remembered that among the recommendations of this remedy, heralded over the country on its first introduction to the notice of the profession and the community, was a certificate of its having cured the mother of Vice-President Colfax. The genuineness of the cure can be inferred from the following recent telegraphic announcement:

"South Bend, Ind., Aug. 11.

"Mrs. Matthews, mother of Vice-President Colfax, died this afternoon of cancer."

Dr. Parvin.—We notice that Prof. Theophilus Parvin has resigned his position in the University of Louisville. Dr. Parvin is one of our ablest and most reliable medical teachers.

Ointment for Piles.—M. F. Guym, of the Necker Hospital, Paris, prescribes in painful hæmorrhoids an ointment compound of one part of extract of belladonna, two of extract of rhatany, and fifteen of lard.—*The Doctor.*

BRITISH MEDICAL ASSOCIATION.

We quote the following regarding the proceedings of the annual meeting of the British Medical Association, held at Birmingham last month, from *The Doctor*, Sept. 1st, 1872:

The President, Mr. Alfred Baker, Senior Surgeon to the Birmingham General Hospital, delivered an eloquent and interesting address, welcoming the visitors to Birmingham.

The address on surgery was delivered by Mr. Oliver Pemberton, Surgeon to the General Hospital, and Professor of Surgery in Queen's College, Birmingham. The first part of it he devoted to some points connected with the treatment of aneurism. He said:

Professor Lister's improvement in the Hunterian operation, by which the permanent closure of the artery at the spot tied can be insured, without dividing the coats of the vessel, at once effects a complete change in some of the most important conclusions that for long years have guided us in our treatment of aneurism. One of the greatest dangers attending the Hunterian operation has hitherto been considered to be the application of the ligature immediately beyond any considerable branch of an artery. This impression has deterred surgeons from applying a ligature to that portion of the artery which otherwise would have seemed to them best adapted for the purpose. That an abiding coagulum will form under certain circumstances in the vicinity of almost any number of branches on the proximal side of a ligature, I am perfectly satisfied; but the attainment of this success in many cases depends on a fact which it is almost impossible for the surgeon to estimate beforehand; that is, the facility with which the blood will coagulate or deposit its fibrin in any particular instance.

. . . . . .

Apart from this question of coagulation, I feel warranted in expressing my conviction that too much stress has been laid on the disturbing influence of a large branch or branches taking origin close to the part of the vessel tied. If, however, we are to believe the teaching of Professor Lister ("Observations on Ligature of Arteries." Edinburgh: 1869), it will be of little moment in future whether a plug form on either the proximal or distal side of the ligature at all, so long as the "prepared catgut" insures permanent closure of the vessel at the spot tied, without severance of the coats, and, consequently, without liability to secondary hemorrhage.

I am glad, before such a meeting, to be able to express my unbounded admiration of,

and confidence in, the use of the animal ligature, as placed before us by Professor Lister. If the so-called "antiseptic system" has effected no more for surgery than to give us the means of effectually closing an artery without cutting it through, and without suppuration, it has in this placed the crowning glory on the treatment of aneurism, for which it has waited since the time of Hunter.

I shall now endeavor to show that the principles of treatment in the methods of flexion, compression of the sac, and manipulation, are one and the same.

The method of flexion can only be applicable to certain arteries. All that it is needful to do is to keep the limb flexed, not continuously, but to such an extent as to alter the relations between the orifices of ingress and egress, and the fibrinous laminæ of the sac. Some of these laminæ become, as it were, dislocated, and protrude more or less into the stream when a fresh deposit of fibrin occurs, and so the cure is gradually effected.

The exercise of pressure on the artery above the angle of the flexion appears to me useless. What we want is a stream of blood flowing into the aneurism, that it should be more or less retarded there, and that there should be present something in the nature of a foreign body—for example, the fibrous laminæ, on which blood would coagulate and deposit its fibrin. This retardation of the blood in the sac can be effected by a gentle compression of the artery on the distal side of the aneurism, as I strongly hold that what we want in these cases is a deposition of fibrin rather than a coagulation of blood. For, surely, the slow deposition, layer after layer, of solid fibrin in the sac until the filling-in is complete, is a surer guarantee against subsequent mishaps than if it were closed by a mass of suddenly coagulated blood.

I entertain the opinion that the compression of the sac ought to be used more frequently than it is now. The principle of this proceeding is exactly the same as flexion; we want simply to alter the relations of the laminated fibrin to the cavity of the aneurism, so as to bring about a further deposition of fibrin on the projecting surfaces of any of the displaced laminæ. The pressure need not be continuous. It should be very gentle. It need not, even, be distributed uniformly. But it must ever be borne in mind that if it be carried to such an extent as to empty the sac, and to press one wall against the other, then a cure cannot occur. The very conditions under which a cure is possible are here ignored. Blood must pass through the sac. It must not pass through too rapidly; and I now think that this would be facilitated by gentle pressure being made on the artery below the aneurism.

Reduce the force and volume of the blood current by any carefully considered measures, and we follow out the reasoning of Brasdor and Wardrop, in the distal ligature; a reasoning which is rendering amenable to the treatment of internal aneurisms hitherto beyond surgery; a reasoning that has the authority of nature's own proceedings to recommend it, from the fact that it is more or less identical with the mode in which the so-called spontaneous cures are brought about.

I cannot but regard the treatment by manipulation to be based on exactly similar principles to those on which the methods I have just alluded to are founded. No forcible pressure to detach fibrinous laminæ, in my judgment, ought to be used; as the result would be the almost certain separation of small portions of the clots, which would be carried into circulation, and would eventually plug the smaller vessels, causing symptoms according to the functions of the parts which the plugged vessels supply. For I must own I have not been able to see how these clots could be located at either outlet, to be fixed by arrangement, as it were, at a spot where it is simply impossible to be assured that they could effect a lodgment. All that is necessary is that the aneurism should be gently manipulated, so that the laminæ of fibrin in its interior should occupy a different position to that which they had previously held with reference to the two orifices of the sac; and in order that the blood should not be allowed to pass out of the sac too freely, if I have an opportunity, I shall endeavor to compress the distal artery in accordance with the principles I have been advocating.

I have now to call your attention to what I believe to be a not uncommon result of the cure of aneurism, after it has been effected for some time; I mean the formation of varicose aneurism, or aneurismal varix. I shall first relate two cases. In 1844, my late colleague, Mr. Amphett, tied the superficial femoral for an aneurism of the artery as it enters Hunter's canal. The patient was 41, and a soldier. There was nothing unusual at the operation, and the ligature was thrown off on the nineteenth day. Ten days subsequently, there was arterial hemorrhage from the seat of the ligature. This recurred in ten days, and a third time in fourteen. Pressure on the arch was used, and the patient recovered. He remained well for upwards of three years, when a tumor formed at the seat of operation, which was evidently an arterio-venous aneurism. With this coming under the care of my colleague, Mr. Baker (our

President), he died with a drunken pleurisy, just five years from the date of the operation. I was fortunate in being able to dissect his vessels. The femoral artery had formed an aneurism at the seat of the operation as large as a hen's egg, and the femoral vein communicated with the artery by a large opening. The former aneurism was cured, and the artery between it and the seat of the ligature was impervious.

LITHOTOMY.

Mr. Pemberton next considered the subject of Lithotomy. Advocating the median operation, he said:

I shall be prepared for it to be said of my advocacy of median lithotomy, "The statistics of your own cases are against you." My answer is, "Statistics are not everything." A case may end just as well one way as another, though the troubles on the journey differ widely, and no one will question that lateral lithotomy in children is eminently successful. But every operator who has sufficiently tried any given two methods of procedure, has a right to say which of the two he prefers; and therefore it is that I say, when I reflect on the anxiety that I endured in watching the threatenings of mischief in children cut by the lateral operation, I rejoice that I have cause for it no longer, notwithstanding the general good fortune that attended my practice with that method.

And now as to the cases where the median operation should not be selected. In any instances where the finger is not likely to reach the bladder, so that instrumental dilation would be required, the lateral operation should be preferred. The reason I use my finger is because I have more control over it than over an instrument. I can regulate the one, not the other. I would sooner cut than lacerate at any time, and I consider that the use of instrumental dilation in this operation means laceration. You may use it, on and off, with impunity, but it is a most destructive instrument—reviving all the dangers of the discarded Marian. I attribute the peritonitis, which carried off my single fatal case, solely to the laceration of the neck of the bladder that of necessity followed its use. I repeat, the only dilator must be the finger, and so long as the neck of the bladder can be widened by this sufficiently to allow of the removal of a stone without laceration, I shall deem it a part of my duty to advocate the adoption of this form of median lithotomy.

I hope, however, my observations will not be misunderstood. I am second to none in admiring what Cheselden practiced, and what Liston and Fergusson have brought to perfection—the lateral operation for stone. I have been surrounded during the whole of my professional life by teachers and colleagues who have had unusual opportunities for practice, and who have realized brilliant successes in this very operation; but, in my opinion, it is not the most desirable operation to perform for all stones, at any age and under any circumstances, as some would have us believe.

STRICTURE OF THE URETHRA.

Mr. P. then proceeded to speak about stricture of the urethra: It is to me remarkable, but it is true, that the views entertained by the highest surgical authorities of the day differ on no subject so widely as on the particular system they adopt and recommend in the treatment of stricture. Simple dilatation and rest, I am thankful to say, have had a great following, and, if I mistake not, will yet rise into higher position. The main quarrel is between the advocates of internal as opposed to external division. The late Professor Syme (*Stricture of the Urethra*, p. 21, 1855) thought he had effectually put an end to the use of those "dreadful engines," as he termed M. Reybard's instruments; but he was mistaken, for strictures of this day are both cut, split, and torn; and new engines for the purpose multiply, as if the great surgeon had never lived to speak of plunges in the dark with caustic, or of ripping open the urethra by internal section.

Stricture may fairly be defined to be a diminution of the normal diameter of any portion of the urethral canal; and as it must be admitted that the existence of any stricture, however slight, from whatever cause proceeding, and of whatever nature, may sooner or later give rise to serious consequences in the condition of either the bladder or kidneys, it is needful for the surgeon to discover it and cure it as soon as possible. But the real question is in reference to this word cure. Have we to deal with a simple stricture that has resulted from inflammation of the lining membrane of the urethral canal, or with a stricture originally of this kind, which has been aggravated and increased in extent by ill-considered surgical proceedings?

For the first there is a cure by simple dilatation. For the second there properly is no cure. Once organic stricture, always organic stricture, is my belief. Whenever the lining membrane of the urethra has been injured, whether by accident, disease, or by bad surgery, the spot will contract and establish permanent stricture, and I do not believe that the materials constituting such cicatricial narrowing are ever absorbed.

If you endeavor to restore the normal caliber of the urethra under these conditions by ever so well considered a system of dilatation, my opinion is that the contraction will return sooner or later with increased vigor, the natural elasticity of the canal being gone; in other words, dilatation will not effect a cure, and never does effect a cure.

But dilatation, if it be well and properly carried out, will protect the patient against the occurrence of those diseases which, dependent on individual health and mode of life, arise either rapidly or slowly in all cases of stricture. The degree to which it is necessary to carry this may fairly allow of discussion; for I have ever before my mind the conviction that the very means made use of to effect the so-called cure, may become the certain cause of the continuance, and, in many cases, of the increase of the malady.

I think it will be admitted that the tendency to narrowing in cases of stricture differs very markedly in individuals. Some may show few signs of change during many years, others, especially those arising from the effects of laceration by direct violence, certainly, surely, and often rapidly increase. In all cases, treatment by dilatation is necessary; but I doubt myself whether it is needful always to endeavor to restore the standard of the canal to the utmost of its original extent. I believe that there are many cases which admit of being maintained at a standard short of this, depending, however, on the facility with which the contraction yields, and its rate of increase subsequently. And it must never be forgotten that when once this treatment by dilatation has been commenced—no matter how carefully or how thoroughly it may have been done—it will have to be continued, whether at the hands of the surgeon or of the patient, more or less during life.

For my own part, time being given, I do not believe that there is any stricture through which an instrument cannot be passed by a skillful surgeon. This being so, treatment by gradual dilatation follows; and, in my judgment, this should be by the silver catheter, as the safest, simplest, and most certain instrument in the greatest number of hands yet given to us, *bougie a boule* and *bougie olivaire* notwithstanding. If the induration be cartilaginous non-dilatable, or if there be fistula, the treatment by external division on a grooved staff should be adopted as speedily as possible.

Entertaining this view of the permanence of the changes established in the urethra by injury or disease, I am not very likely to favor any internal severance of the lining of the canal, whether by Mr. Holt's method of so-called "splitting," or by any form of internal cutting. I believe a wound is produced just as much in the one case as in the other. I regard those methods as artificially inducing the very conditions which I lament should result from almost unavoidable causes; and I further believe that a shut-up wound on the internal face of the lining of the urethra, is attended by dangers, from which an open wound on the outside face is comparatively free (*a*). I have had occasion to divide the urethra after Professor Syme's method in upwards of thirty cases. In one case only was there a fatal ending, and this from pyæmia. In no case was there a relapse, provided that an instrument was passed from time to time, the frequency of this being determined by individual tendency to re-contraction, once a month to once in three months being about the average; and by this means the caliber of the urethra was without difficulty maintained at its original standard. All the cases that I have seen, save one, have required this continued resort to dilatation, and will require it, in my judgment, more or less during life. For there is no more a cure by this than by dilatation or splitting. In the case that did not require it a fistula remained permanently in the perinæum, letting through a little urine, the general stream flowing by the urethra, which at the end of twelve years shows no disposition to contract.

If the induration of the urethra, and narrowing, be of such an extent as to preclude the idea of dealing with it by external division, I prefer to tap the bladder by the rectum. I do not feel inclined, at present, to divide from the bulb to the meatus; and this literally must be the length of an incision in many of these long-standing cases, if the entire disease is to be dealt with.

There are numbers of these inveterate cases wholly unsuited to external division; but they are eminently calculated to be dealt with by a method which deviates the course of the urine to another channel, in order that rest may heal the fistula, and absorb much of that adventitious material blocking up the natural urethra, which can then readily be found, and have a standard established almost without resort to dilatation.

I frankly say that I do not believe that either internal or external division of any urethra will cause the healing of fistulæ in the groin, buttock, and perinæum, where a man passes his urine, as it has been graphically described, like a watering pot.

Surely, relief by the rectum will stand

(*a*) I will, with Sir H. Thompson, admit its use in narrowings at the external meatus.—*Pathology and Treatment of Stricture, third edition.*

comparison with all the manœuvers that have been suggested from the days of Hunter to Grainger, and from Grainger, who, by the by, belonged to us here, to Gouley and Wheelhouse. I cannot conceive why a patient is to sustain—sometimes for hours together—the distress belonging to hopeless attempts made to trace, in that stage of the disease, an impracticable canal, when the chief cause of the malady—the flow of urine—can be reached and diverted in a moment. Since Mr. Cook published his views (*Medico-Chirurgical Transactions*, Vol. XXXV., p. 153), now just twenty years ago, I have had many opportunities of seeing the results of this proceeding.

I am able confidently to state that it is wholly free from danger. Indeed, I can scarcely conceive death following as a direct result of the operation. So little fear of the proceeding had one of my patients that he has been tapped at least six times for the relief of fleeting attacks of retention, dependent on a rapidly distended bladder, unable to empty itself in the presence of long-standing organic stricture. I have seen him almost within a day or two afterwards as if nothing had occurred. Further no fistula remains, for the opening in the rectum invariably closes after a few weeks.

I have left in the silver canula for three weeks, and have not found inconvenience from its presence; indeed, it appears to me that one of the greatest arguments in favor of its adoption exists in the fact of the position of the canula, which, whilst certainly securing the emptying of the bladder, is wholly removed from the urethra. I am strongly myself of opinion that many urinary cases terminate fatally from urethral irritation, set going and kept up by an instrument retained in the canal in its length.

Some persons are very tolerant of tied-in catheters, whilst others, dependent on a certain idiosyncrasy, cannot sustain with impunity the simple introduction of an instrument. I saw a case in a young man which all but ended fatally from epileptic convulsions, induced by a first catheter; whilst the single introduction of a lithotrite in a man of 77 to measure a large smooth stone that had been carried with impunity for years, set up such an attack of cystitis that death ensued. I was very much impressed by a case in which a man, suffering from complete paralysis from the bladder downwards, owing to concussion of the spine, had a silver catheter tied in his bladder. He appeared sinking fast, and the most profound irritation of the bladder was established. I directed the urine to be drawn off every eight hours, and he began from that moment to amend, and ultimately recovered. Here, doubtless, the true explanation lay not in idiosyncrasy, but in the fact of the existence of disease from the injury. You may leave an instrument in the bladder for years from the perinæum, but you cannot do this with impunity and traverse the length of the urethra. Morbid sympathies become excited in connection with the urethra, which are not produced by the introduction of instruments into other mucous channels.

In what I have said, I have urged the adoption of tapping by the rectum, as affording assured relief to the most inveterate forms of stricture. And in considering the treatment of this disease, I have hitherto limited my observations to cases of stricture of the urethra *per se*, not to those complicated by retention of urine. I must equally urge it, however, as the remedy most reasonable for almost every form of retention. It is the absolute cure of spasmodic stricture; and if, in any given case arising from this cause, after one good effort has been made to obtain relief by ordinary means, there is no success, it should be carried into effect. If retention be present with an impermeable urethra from organic stricture, a double necessity supports its selection, whilst I have yet to learn that it is inadmissible in the retention of old people from enlarged prostate. I know that it can be accomplished in these cases, but of course not so readily as if the rectum had only its ordinary contents; and I am quite satisfied that far less irritation would be produced in the majority of these diseases, where death so often directly results from the effects of instrumental measures, by the presence, at the most depending part of the bladder, of a harmless tube, calculated to secure the removal of all urine secreted, and thus master that inevitable decomposition which is not overcome by any other method in use, for the simple reason that one and all fail to empty the bladder. If the membranous urethra bulge behind a stricture, or if an abscess opened in the perinæum suggest a ready path to the bladder, by all means let a female catheter effect, through the perinæum, what otherwise, I maintain, can be accomplished by the rectum.

Some years ago I asked the question, "Can the urethral canal be permanently restored whenever any complete and considerable portion of its length has been entirely destroyed?" I believe the answer must yet be "No." I had then a boy of sixteen, with at least two inches completely destroyed by burning; and, believing this, I established him with a silver perinæal tube, through

which he now (aged 27) passes his urine without trouble: but there is nothing in the growth of the parts that tempts me to interfere, for I know the whole circle of the canal must be gone.

I think, however, that if only a streak of mucous membrane lingers about the part, an efficient connection can be re-established even after the lapse of many years.

Dr. Evory Kennedy, late Master of the Dublin Lying-in Hospital, delivered the Address at the Opening of the Section on Midwifery, in which he related the following cases:—

Case II. *Excision of part of neck of Uterus.*—Dr. Kitson, of ——, brought a patient from the country, suffering from ulceration of the os uteri. The neck was enlarged considerably, and elongated, the ulcer, which impressed us both as presenting all the characters of malignancy, occupied about one-third of the neck. It had taken a rapid course, bled at intervals freely, and upon the slightest touch, and was attended with pain, sleeplessness, and marked constitutional disturbance. It was, however, circumscribed and limited to the part ulcerated: the remainder of the neck and os being healthy to the appearance and touch, although larger than natural. The lady had borne children. The part of the neck engaged extended from the posterior along the left side of the os, and the diseased structure appeared to occupy the entire substance of the wall. Under these circumstances the case promised little or nothing from the application of the ordinary caustics, and the choice appeared to lie between the free application of potassa fusa and excision. The latter was determined on: first, because of the limited extent of the part engaged; secondly, because of the apparent malignancy; thirdly, from the difficulty of destroying by the potassa the whole diseased structure, without extending its action to the adjoining vital parts. On the other hand, the diseased structure came well within our view: the neck was long, affording facilities for the use of the knife. The patient was placed on her back. The vaginal wall and labia were distended by my four brass tractors, firmly held by Dr. Hans Irvine, and Dr. Kitson. An ebony spatula, nine inches long, and half an inch broad, was introduced and placed within the os. This I held firmly in my left hand, whilst I introduced the scalpel which I now exhibit, which, you perceive has a handle seven inches long, while the blade is scimitar-shaped. Cutting from without inwards towards the resisting spatula, commencing near the point of junction with the neck and body of the uterus, above the central part of the diseased structure, by two divaricating incisions Λ, a triangular section was removed. I was prepared to draw the uterus down with the double tenaculum: but this was unnecessary, from the perfect manner in which my assistants used their tractors. This allowed me the assistance and security of the spatula to cut upon. It has occurred to me that, in a case where excision is preferred, and where the facilities I describe do not exist, the spatulum might be armed on the reverse side with two hooks, when it would perform the double office of uterine tractor and spatula, as necessary. The vagina was simply plugged with Ruspini's styptic. There was scarcely any hemorrhage. The patient recovered speedily and perfectly, and in about two years afterwards conceived and carried a living child to the full period. Her labor was easy and natural; and I had an opportunity of examining her at an interval of several years afterwards, when she was quite well, and the uterus, with the exception of the loss of a portion of the neck, was perfectly sound.

Case III. *Portion of Placenta thrown off in Pregnancy.*—A lady, in the seventh month of her fifth pregnancy, was seized with hemorrhage, ascribed to over-exertion. There were no labor pains. On examination, a portion of the placenta was found protruding through the os uteri. The hemorrhage continued for several days, but not to serious extent, and still there was no labor. At length, fœtid grumous discharges, mixed with a little blood, occurred, attended with sense of downward pressure. The portion of placenta descended lower in the vagina: its connection with the interior of the os separated; and I removed it with very little assistance. As no increase of hemorrhage occurred from this, I thought it unnecessary to plug the vagina. The hemorrhage and discharge ceased, and the patient went on without any inconvenience, except the precaution of keeping the horizontal position for six weeks longer, when she was delivered of a living boy apparently at or near the full time. The edge of the placenta that remained could not be felt near the os, and the portion that came away consisted of the vascular structure without the reflected membranes. There was no discharge of liquor amnii until the labor set in.

I have already had the honor of calling your attention to some of the more rapidly destructive of puerperal diseases in a paper read for me, in my absence, by your secretary, at your Dublin meeting, under the head of purpuric puerperal fever. It is now my intention to allude briefly to other forms of blood-poisoning, but more especially to puer-

peral arthritis and puerperal gangrene, premising that, when this disease shows itself, it is usually most rapid and unsparing in its onslaught, and no tissue in the body escapes its ravages.

Case V. *Puerperal Arthritis—Erosion of Cartilages of Elbow, Hip, and Ankle Joints.*—Kenny, three weeks delivered after a difficult and protracted labor, was awakened from sleep in the night by an acute pain in the left groin. In the morning, she observed a swelling in the middle of the thigh, which at the end of two days had completely engaged the entire limb. The pain became less acute as the swelling increased, but never entirely subsided. Some days subsequently to the swelling of the thigh, she was seized with violent pain in the elbow, but did not perceive any swelling. All these symptoms progressively increased, notwithstanding frequent leeching, stuping, poulticing, opiates, and mercury. She was admitted into the hospital on January 28th, 1829; and, on the 30th, there was an obscure sense of fluctuation over the outer third of the thigh. An incision was made into it, but no pus followed. On February 3d, she had a severe rigor; and on the 4th, she died comatose. A *post mortem* examination was made twelve hours afterwards.

The cellular tissue throughout the entire thigh was filled with gelatinous lymph. An extensive abscess extended from nearly one extremity of the thigh to the other, between the periosteum and muscles. The muscles were pale and flabby, and appeared much softer than natural. About one inch of the upper part of the femoral vein contained pus; its inner tissue was vascular, but did not appear to have lymph upon its surface. The synovial membranes of the hip, knee, and ankle-joints, were filled with puriform matter. The cartilage covering the bones of the hip, appeared healthy; whilst that covering those of the knee and ankle was in part removed by absorption, particularly in the ankle, where scarcely a trace of cartilage could be detected. The uterus was vascular, and inclined towards the left side. The lymphatic glands along the iliac vein were enlarged and vascular. The cartilage was removed altogether from the extremities of the bones forming the right elbow-joint. The viscera appeared healthy.

Tapped 886 Times.—Cann reported to the Academy of Medicine, Paris, 1842; the case of a female with ascites fifteen years, who was tapped 886 times, and was cured. All as yet reported cases must yield to this.—*Clinic.*

Gleanings from Our Exchanges.

TRAUMATIC TETANUS SUCCESSFULLY TREATED BY THE BROMIDE OF POTASSIUM.

BY CEPHAS L. BARD, M. D.

F. S., *æt.* fifteen, daughter of a farmer, during the latter part of April, 1872, stepped upon a bone, the vertebra of a hog, and although the wound produced was deep and bled profusely, yet it healed rapidly, and caused but little inconvenience. Five or six days subsequently she complained of pain in her temples, of stiffness of her jaws, and of difficulty in opening her mouth, which symptoms were attributed by her parents to a bad cold, and treated accordingly. Becoming worse, a neighboring physician, Dr. C. W. Thacker, was summoned, and three days later I was called in consultation. I found all the pathognomonic symptoms of traumatic tetanus present; a rigid, contracted condition of the body, which was bathed with a profuse sour perspiration; opisthotonos; spasms at short intervals; aged expression of countenance, with the *risus sardonicus* well marked; temperature of body, 1050; terrible pain in the epigastrium, due to spasm of diaphragm, which, by former writers, was regarded, when present, as the death warrant to the patient; pulse normal, and mind clear. Retention of urine and constipation of the bowels were also among the symptoms present. There was no pain whatever at the site of the wound, which, to all appearances, had kindly healed, the cicatrix and its surroundings being perfectly firm, and but slightly indurated. Prior to my arrival nothing but morphia had been given, but the symptoms became more appalling, and the intervals between the exacerbations were much shorter. Having laid open the wound, situated in the inner plantar region of the foot, I discovered and removed a small spicula of bone, the tip of the spinous process of the vertebra upon which she had stepped, and which was firmly imbedded among the muscles of her foot. The use of stimulants and nourishing articles of diet were ordered; the warm bath; poultices to the wound; and the bromide of potassium, commencing with thirty grains, given every hour till four doses had been taken, when both the quantity and frequency of administration were lessened. A decided amelioration of the patient's condition almost immediately occurred. The spasms became less powerful and less frequent; the opisthotonos and rigidity of the muscles disappeared; the

temperature of the body resumed its normal standard, and she slowly but gradually recovered, though the trismus, which was the last symptom to vanish, existed for three weeks later. During this time she continued to use the bromide, the whole quantity taken amounting to three ounces. No bad effects whatever from its protracted use were noticed, and she is now in the enjoyment of the best of health, enhanced, no doubt, by the recollections of the severe ordeal through which she has passed.

During the last few years this salt has been successfully employed by different members of the profession in several cases of tetanus, and its use in my hands only corroborates the testimony of others.

The pathology of tetanus is obscure; some investigators observing no lesions whatever; others have noticed a congested condition of the membrane enveloping the spinal cord, of the neurilemma of the nerves at their origin and at the site of the wound, when the affection is traumatic. Lockhart, Clarke, and Dickinson, who perhaps have pursued their investigations more closely than others, discovered softening and disintegration of the grey matter of the cord, accompanied by extravasations of blood, caused, no doubt, by an abnormal condition of the blood vessels. They concluded that the tetanic spasms are not solely due to these lesions, which exist also in some other disorders of the nerve centers, but to an abnormal, excitable state of the grey matter, induced by the hyperæmic condition of its blood vessels, and also by the constant irritation of the peripheral nerves. Accepting this theory, no agent could be more suitable, in my opinion, than the bromide of potassium, a vascular and nervous sedative, and whose use is chiefly predicated upon its power of diminishing hyperæmia. It is not claimed that it is a specific, but that it deserves to be ranked as one of our most potent agents in the treatment of such a formidable malady, and deserving of the confidence of the profession.—*Western Lancet.*

Rupture of the Bladder.—Dr. Erskine Mason, reports (*N. Y. Med. Journal*, Aug. '72,) a case of rupture of the bladder through the posterior wall, which he treated successfully by laying open the bladder through the perinæum, as in the lateral operation for stone.

To American surgery, says Dr. Mason, belongs the honor of having given to the profession this mode of treatment; and to Dr. William J. Walker, of Boston, belongs the credit of having first put in practice, and I believe that of originating, this plan of treatment.—*Ibid.*

Case of Complete Prolapsus of the Gravid Uterus.—By Dr. M. H. Biggs, Santa Barbara.—There being so few reported cases of complete prolapsus of the gravid uterus, I thought a short description of the following might be found interesting:

Was hurriedly called upon by an old woman one night about 10 P. M., who said her daughter (aged about 20) was suddenly taken sick and seemed to be dying. Without further explanation I hurried to the patient's bedside and found her almost in a state of collapse; cold perspiration all over; pulse small, quick and scarcely perceptible. Administered brandy at once, and after two or three good doses she recovered sufficiently to whisper that "something had dropped out" and "was hanging between her legs." Upon introducing my hand under the bed clothes, it came in contact with a round, hard, pendulous tumor, extending to within about four inches of her knees. It was about six inches in diameter, and was in fact the prolapsed womb hanging by the relaxed and everted vagina, which could be distinctly clasped between the labia externa and fundus uteri; but why so large?

The patient was not in a condition to answer any more questions, and the old lady had left us alone, probably suspecting more of the cause of the trouble than she wished to communicate. Of course the first thing was to replace the organ, and this was accomplished by using steady pressure applied by the hands, smeared with oil, during about an hour, after which time, to my infinite satisfaction, it popped into its place with an almost audible "flop." Then there was a most acceptable period of repose, during which, after I had made her swallow some broth and more brandy, I insisted upon her communicating to me some of the antecedents of the case, she told me that her courses had stopped—she had missed four periods—and that within the last month she had enlarged so much that her mother had noticed the alteration in her form and charged her with being pregnant, which she of course denied. Mother continued to threaten in case she were so, etc., etc. This made her desperate and she conceived the idea of starving herself, thinking in this way to kill the child and thus produce abortion. She had in fact refrained from all food for the last three days, allaying the cravings of hunger by incessantly smoking cigarettes, and feeling her strength to fail on the afternoon of the third day, had made a last attempt to gain her end by lying on her back on the floor and pulling over on to her belly a "metate," which is a slat of stone used by the native Californians for the

purpose of grinding corn, and weighs about thirty to forty pounds. This "metate" she kept in motion, with the little strength she had left, by pushing it up with her hands and at the same time contracting the abdominal muscles, then suddenly relaxing these and pressing down the slat with her hands, and in this way, aided by the momentum imparted to the weight, kept up a kind of pounding movement until she "felt something gradually go down" and "press out." Thinking then that she had "started things in the right direction," she got up and managed to keep about as well as possible until night, when "the something" fell out, but to her horror, instead of separating as she expected, remained hanging down between her legs. She went to bed without taking time to undress, covered herself up and had remained there about two hours in the condition I had found her. While giving her broken account of these sad troubles, slight labor pains came on, and in spite of all that could be done to prevent it, she was delivered a little before daylight of a four or five months fœtus, thus ending a most anxious night.

The patient made a good recovery, and in ten days was attending to her usual avocations; has since been married and had healthy children.

There is no point of special interest in this case except the effect that starvation, aided by the free use of tobacco, may be considered to have had in so completely relaxing the muscular system, as to allow a gravid uterus of such size to be so completely dislocated. For the violence that was used, of itself, would scarcely have sufficed.— *West. Lancet.*

Death-Rate in the United States and Europe.—It is a curious fact, one well worth knowing, that the death-rate in Europe is nearly double what it is in the United States, averaging yearly one out of every forty-three inhabitants, while here it is only one out of every eighty-one. Of the leading countries of Europe, France leads in its mortality, the average being one death to thirty-two people; and England appears to be the healthiest, the deaths being one to every forty-six. In the United States there is a wide range of difference. In Arkansas, for instance, the annual deaths are one to every forty-nine. It appears that the Northwestern States average the healthiest, and the Gulf States the sickliest.—*Med. and Surg. Reporter.*

Progressive Pernicious Anæmia.—Prof. Biner contributes an article on this affection to the *Medizinische Central Zeitung*, and characterizes it as invariably fatal. Within five years he has seen fifteen cases. The patients have a hydræmic appearance, but are not emaciated, the appetite fails, anæmic sounds are distinguishable in the arteries, capillary hemorrhages take place, especially in the retina, disturbance of vision often takes place, fever is present, and the debility is progressive. Fatty degeneration of the heart and other muscles is present after death.— *Med. Record.*

American Text Books and American Teachers.—American text-books on medicine are the best text-books in the world. Why? Because the materials are selected from the widest range of supply, without prejudice or nationality, pro or con. Whilst the rival nations of the old world are each partial to their own and more or less mistrustful of everything foreign, American writers and teachers have no such prejudice against foreign literature, but rather take pride in appropriating all that they can find in the literature of Great Britain, France, Germany, Italy, and elsewhere. For this reason our text-books are more universal than those of other nations, and an American medical education more cosmopolitan and less national. Our writers and teachers look upwards to the old world and acknowledge its authority. They have not yet built up or discovered a literature of their own. What if we are far removed from the ancient, the greatest and the richest fountains of science? Do not the streams all flow hitherward, and bring tribute from all the world? And does not the river increase by the increase of confluents as you recede from the sources? It follows that the literature, the science and the practice of medicine in America take a wider range, with greater freedom from prejudice and authority, than in the old world. The inventive genius of the Yankee is not confined to washing machines, reapers and steam engines. It pervades every calling, and imparts activity, originality and progress to the practice of medicine.—*Med. and Surg. Reporter.*

Penetrating Wounds of the Knee-Joint.—A French surgeon, Dr. Champerons, according to *Le Mouvement Medical*, has written an elaborate memoir containing his observations on twenty cases of penetrating wounds of the knee-joint by small projectiles, treated during the late European war. His conclusions are that such injuries may be cured and sometimes heal with astonishing facility; that in all cases, and especially when they are extensive, involving periosteum that explorations and drainage tubes must be employed with great caution. Twelve years ago, the late Professor Cooper, of San Francisco, advanced views somewhat similar, and

his investigations on wounds of the knee-joint have scarcely been improved on by more recent observers.—*Pac. Med. Jour.*

Thoracentesis.—The discussion at the French Academy, to which we have several times referred, still continues, and many interesting facts have been elicited.

M. Jules Guerin, in a very masterly summary on the discussion up to that point, and indeed of the whole subject, claimed to have introduced the subcutaneous method of operating more than thirty years ago. He has operated on this plan in fifty-two cases without any accident traceable to the procedures. The plan is to puncture the skin at some little distance from the rest of the puncture, drawing it aside, so that afterwards the perforation is completely closed by natural tissues.

M. Behier criticised all the operations, and especially the statements of M. Chassaignac.

M. Richet reviewed the debate in its surgical aspects, and contributed valuable remarks to the subject of pleural abscess.

M. Sedillot called to mind, without entirely approving it, the teaching of Hippocrates concerning empyema, and rebuked those who sought to claim all credit for modern science, and refused to see that our present state is but the result of long continuous progress. The present and the future, he said, are alike based on the past. He considered that all were substantially agreed on the necessity of opening the thorax whenever a purulent collection was proved to be present. It was also necessary to empty the pleural sac, and to employ injections in order to rectify the surface when needful.

M. Barth, president, drew attention to the fact that in 1865 the Academy had discussed thoracentesis, but that at present no speaker had alluded to that debate, which, nevertheless, elucidated many important points.

M. Richet mentioned a case of empyema in which thoracentesis was performed, but no fluid appeared. At the *post mortem* three separate collections of pus were found enclosed by adhesions, between which the trocar had passed.

The debate, up to a certain point, has been summed up in *La France Medicale*, in a leader signed by our *confrere*, Dr. Lapeyrere. He remarks that five operations were discussed. 1. Simple puncture; 2. Subcutaneous puncture as practiced by M. Jules Guerin; 3. Drainage; 4. Incision; 5. Aspiration. He considers M. Richet's clinical researches on the relative merits of these operations of great value. From them it appears that false membranes frequently occur in empyema, and their presence may prevent either bistoury or trocar coming upon the pus. Moreover, free false membranes are sometimes present, and interfere with drainage. Then incision and injections are called for.

La France Medicale has also published in full M. Chassaignac's paper, in which the advantages of drainage are strongly insisted on. This operation, we are told, may well replace various other procedures.—*The Doctor.*

New Plan of Extracting Bodies from the Ear.—Dr. Loewenberg, of Paris, describes a new plan for extracting solid bodies from the ear, as follows: A very small brush is made by rolling and fixing a narrow strip of old linen around a thin wooden handle (a match, for instance), and unraveling its free border to the length of a quarter of an inch. The end of the so-obtained fringe is dipped into a warm and very concentrated solution of glue, applied to the visible part of the foreign body; or, rather, the operator leans it against the body by letting it glide very softly, and without exercising any pressure, over it. Previous to the application the patient seats himself comfortably in an arm-chair or on a sofa, and inclines the head toward the healthy ear. He remains in this posture for three-quarters of an hour to an hour after the introduction of the agglutinated brush. This time past, consolidation is generally accomplished, and the foreign body can be extracted by gentle pulling at the brush.—*Med. Times and Gaz.*

Cerebro-Spinal Meningitis.—By Dr. E. Tefft, M.D., Topeka, Kansas.—In the August number of the *Herald*, hypodermic injections of morphia are recommended in cerebro-spinal meningitis, with ice to the back of the neck. The injections I have never used, and consequently have no personal experience in their operation. I have treated my last cases as I do acute rheumatism (and I believe this is the true nature of the disease).

I gave large doses of quinine and Dover's powder in the commencement, alternated with iodo-bromide of calcium (Tilden's) accompanied by warm fomentations to the base of the brain and upper portion of spine. Thus far this treatment has been attended with complete success.

I have just treated one of the most unpromising cases I ever saw with the best of results. The child had partial spasms every few minutes; pupils dilated and contracted alternately to the full extent; head thrown back, gasping for breath, screaming out with agony; urine scanty; extremely tender over base of brain and upper portion of spine;

cold feet and hands, and pulse frequent, small and wiry.

I had but little hope of success, but treated it as above indicated, and it improved from day to day until it got perfectly well.

I do not know that the iodo-bromide of calcium is any better than other articles of the same class, but as it is the one I have been using in rheumatic affections more than any other, I used it in this case, and like its effects. I saw a report by a doctor in Illinois, who states that he has cured nearly every case by a similar treatment, and from my own experience I do not hesitate to recommend it to others.—*Lear. Med. Herald.*

Officers and Committees of the Illinois State Medical Society, for 1872.—President, D. W. Young, Aurora, Kane Co.; Vice-President, T. D. Washburn, Hillsborough, Montgomery Co.; 2d Vice-President, F. C. Hotz, Chicago; Treasurer, J. H. Hollister, Chicago; Permanent Secretary, T. D. Fitch, Chicago; Asssistant Secretary, R. D. Bradley, Bloomington; place of meeting, Bloomington.

Committee of Arrangements.—T. F. Worrell, M. D., Bloomington; D. L. Crist, M. D. Bloomington; J. L. White, M. D., Bloomington; W. A. Elder, M. D., Bloomington.

Investigating Committee—O. Everett, M.D. Dixon; S. P. Breed, M. D., Princeton; E. P. Cook, Mendota.

Standing Committees.—On Practical Medicine—S. K. Crawford, M. D., Monmouth; D. L. Jewett, M. D., Watseka; H. M. Lyman, M. D., Chicago. Surgery—J. L. White, M. D., Bloomington; J. B. Hamilton, M. D., Kane; H. W. Kendall, M. D., Quincy. On Ophthalmology—E. L. Holmes, M. D., Chicago; J. P. Johnson, M. D., Peoria; F. C. Hotz, M. D., Chicago. The Committee on Nominations respectfully suggest that the subjects of Ophthalmology and Otology be changed from that of Special Committees to Standing Committees. On Otology—S. J. Jones, M. D., Chicago; Chas. Hunt, M. D., Dixon; Thos. Galt, M. D., Rock Island. On Obstetrics—T. D. Fitch, M. D., Chicago; A. Niles, M. D., Quincy; D. S. Jenks, M. D., Plano. Drugs and Medicines—J. H. Hollister, M. D., Chicago; E. P. Cook, M. D., Mendota; J. P. Hamilton, M. D., Peoria. Necrology—G. W. Albin, M. D., Neoga; J. O. Hamilton, M. D., Jerseyville; J. K. Secord, M. D., Elmwood.

Special Committees.—Galt. Therap.—D. Prince, M. D., Jacksonville; Hernia—J. H. Reeder, M. D., Lacon; Hygiene—T. F. Worrell, M. D., Bloomington; On the Assistance Necessary and Justifiable in Difficult and Protracted Labors—S. B. Hawley, M. D., Aurora; Stricture of the Urethra—John Murphy, M. D., Peoria; Phthisis Pulmonalis—H. A. Johnson, M. D., Chicago; Phys. Nerv. Syst.—C. W. Earle, M. D., Chicago; Cerebro-Spinal Meningitis—G. W. Jones, M. D., Danville; Locomotor Ataxia—N. S. Davis, M. D., Chicago; Orthopedic Surgery—J. S. Sherman, M. D., Chicago; to prepare and deliver a public address at the next meeting of the Society—Geo. T. Allen, M. D., Springfield.

Magnetic Wells.—Among the humbugs of the day are magnetic wells. They are found in various parts of the country and are increasing rapidly in number. The magnetic quality of the water is ascertained by connecting a quantity of it in a vessel with the earth by means of a soft iron wire. The wire immediately gives signs of the presence of magnetism when tested by the magnetoscope. Such wells are proved to be highly medicinal and a number of wonderful cures are already reported. Unfortunately, however, some one tried the magnetic experiment with other water, and found that the water of wells and springs in general displayed the same phenomenon. He went farther, and tried the empty cup, without any water, and still the magnetoscope told the same story. It is scarcely necessary to add that the effect is due to terrestrial magnetism, and that nearly all iron is more or less magnetic.—*Pac. Med. Jour.*

Alarming Effects of Chloral in Small Doses.—A correspondent of the *Lancet* furnishes the following cases:

A middle-aged, tall man, recently an attendant at a lunatic asylum, had a boil on the buttock. On the 17th of April I lanced it, and at bedtime the man took part (containing nine grains) of a chloral draught. Shortly he became "stone-cold," his teeth were "fixed," and he stared wildly about. A cold perspiration flowed from him, wetting his pillow and sheets. Clothes in abundance were put on the bed, a fire was lit, and he took warm brandy-and-water. He then began to "feel circulation." The next morning, when I saw him, he looked pale and anxious.

An agricultural laborer's wife, aged sixty-eight, with black hair, and a goitre affecting the middle of the neck, suffered from tumultuous and irregular action of heart, and from pyrosis. She could get little or no rest at night. On the 17th of May she took seven grains and a half of chloral at 9.30 P. M. At 10 she was asleep and slept for two hours. Then she awoke with a scream, jumped out

of bed, and sat on the edge of it semi-conscious. She recovered in five minutes, and was got back to bed, where she lay quietly for an hour, and then fell asleep again. In two hours more she awoke with much epigastric pain.

The chloral used in both cases was of Lieberich's manufacture.—*N. Y. Med. Jour.*

Erysipelas.—Professor Broca has lately recommended a fresh plan of treatment, which, according to *L'Abeille Medicale*, he has often successfully employed at the commencement of the disease. This plan is to apply a layer of collodion upon the skin above the part attacked. The layer of collodion, which is to be on sound skin, should be from six to eight centimeters wide, and forming a complete circle, separating the healthy skin from that attacked. A slight circular compression is thus produced, and it is rare for the disease to cross this barrier, behind which it speedily fades. The part should be examined once or twice a day, in order at once to repair any fissures, and the collodion should be quite pure, without any oil, which is sometimes added to it.—*The Doctor.*

Treatment of Hemoptysis by Iron.—The atomized *liquor ferri subsulphatis* is recommended by the editor of *New Remedies* as the most rational and successful method of treating hæmoptysis. It should be first used of the strength of thirty drops to the ounce, and the strength be increased if needed. Generally the iron salt is very well borne, and does not excite coughing. A saturated solution of alum is less efficient than the iron, says the writer quoted, but may be used when the latter excites irritation.

Skin Grafts.—M. Olliver, of Lyons, thinks that the connective tissus and not the epidermis is the active agent in the grafts, and objects to sowing a number of small epidermir grafts. He cuts them from six to eight centimeters in length, and they succeed very well, but it is inconvenient to procure such large grafts. The skin is first frozen before cutting it away. This is a veritable autoplasty, and the healed surface has a more persistent vitality than ordinary cicatrices.—*Ibid.*

Recovery from Psoas Abscess after Iodide of Potassium.—In the *Medical Achives* for Jan. 1872, Dr. C. Du Hadway reports a case of chronic psoas abscess in which the ingestion of two drachms of iodide of potassium was followed by immediate recovery of the appetite and healing of the abscess in ten days.—*Ibid.*

Book Reviews.

A Manual of Qualitative Analysis. By Robert Galloway, F.R.C.S. From the fifth rewritten and enlarged London edition. H. C. Lea, Philadelphia. Chicago: W. B. Keen & Cooke.

This is a small volume of 390 pages, and contains numerous illustrations. It is a work already extensively and favorably known through its former editions.

Hysterology. A Treatise, Descriptive and Clinical, on the Diseases and Displacements of the Uterus. By Edwin Nesbit Chapman, M.A., M.D. New York: Wm. Wood & Co., Publishers. Chicago, for sale by Jansen, McClurg & Co.

A volume of 500 pages, published in good style and binding. The subject is treated under the following headings: "Symptoms and Examination"—"Anatomy and Physiology"—"Pathology and Œtiology"—"Nulliparæ and Multiparæ"—"Active Conjestion of Uterus"—"Passive Congestion of Uterus"—"Treatment."

A Manual of Chemical Physiology, including its points of contact with Pathology. By J. L. W. Thudicham, M.D. Published by Wm. Wood & Co., New York. For sale by Jansen, McClurg & Co., Chicago.

This little work forms a complete and concise epitome of the branch of science commonly termed physiological or animal chemistry, including its latest acquisitions. As the author states in the preface, it offers to the student in chemistry, physiology or science, a ready help to the acquisition of elementary knowledge, upon the basis of which he can afterwards place the superstructure of more extended and detailed studies. To the medical profession it will afford an easy bird's-eye view of the chemical features of the field of their thoughts and actions. The second part of the work is an analytical guide for the use of those who desire to make themselves practically acquainted with the phenomena and constituents of animal bodies.

The treatise summarizes much of the method pursued, and many of the results arrived at by the author during many years of patient labor and inquiry.

Original Communications.

ON THE PATHOLOGY OF PULMONARY TUBERCULOSIS.

[Read before the Chicago Medical Society September 16, 1872, by S. R. Millard, M. D.]

Gentlemen: It is with the deepest feelings of my own inability to handle, as well as a just appreciation of the magnitude of, the subject, that I approach the so-much-avoided yet familiar disease of pulmonary tuberculosis, knowing as I do that in a dissertation of the present character an attempt to describe its true pathology and philosophical treatment must of necessity be brief and imperfect. It is a fact that we daily walk amid scenes of a sublime and mysterious nature, without our souls being moved by their influences, or our minds awakened to their investigation. We find in this the reason. We have been accustomed to them from childhood, and that which is always seen is seldom or never studied. It is so with pulmonary tuberculosis. It has entered, and still enters, the abode of the physician, steals away his child, his brother, or his sister, his father, mother, companion, and even himself has fallen a victim to its insidious and flattering visitations. Notwithstanding all this, the man of science is too apt to turn away from it, as from the messenger of death. Too frequently all his bulwarks of defence resolve themselves into this soliloquy—there is a destiny which controls our ends. There was but little known of the disease until Laennec, in 1810, published his invaluable work on tubercular phthisis, and drew a line of demarcation between tubercular and other diseases of the lungs.

Since that time there have been many valuable accessions to our knowledge in this department. But within the last few years have been made the principal improvements in pathological and scientific treatment.

The researches and observations of J. Hughes Bennett, of Edinburgh, are justly considered as constituting an important era in the treatment of this victorious enemy over human life. It is not our intention, at the present time, to enter into a detailed account of the symptoms, course, and minute treatment of this disease, neither to advance new views of its general pathology and treatment, but to sum up the evidence touching its nature and predisposing condition of system, and draw from these the philosophical treatment. In doing so, if we should deviate from high authority and prevalent professional opinions, we only say, "Hear me for my cause."

It is with a feeling of disappointment that the student of medicine reads the text-books on the practice of medicine, and finds that while the symptoms and course of the disease are so accurately described, that so little is said of the peculiarity of system which constitutes the predisposition. Its pathology and treatment are mentioned, but generally accompanied by an acknowledgment of ignorance of the one, and almost worthlessness of the other. It is by understanding, or striving to understand, what is the peculiarity of system which predisposes to tuberculosis, that we may expect to accomplish the much-desired ultimatum of curing, or, what is better, preventing pulmonary phthisis. So far as we know, there are but three—or, more properly, but two—theories advanced which endeavor to explain what the peculiarity of system is in those predisposed. The first is that originally advanced by the German physicians, and subsequently endorsed by others, among whom may be mentioned the high authority of Sir James Clark. By these it was taught that the predisposing cause, or condition of system which constituted the diathesis, was portal congestion.

The second is that of J. Hughes Bennett, of Edinburgh, who believes that the diathesis consists in a want of proper assimilation of the oily portions of food. In his own language, "It is a disease of primary digestion."

The third is that first suggested by Professor Rokitansky, of Vienna, and favorably spoken of by Simon and others. By these it was observed that in this disease there was too rapid arterialization of the blood, and that a venous condition of this fluid appeared to be incompatible with the development of

tubercle. Although it is not claimed by the observers of the above fact that the too rapid oxygenization of the blood is the peculiar condition of system which constitutes the diathesis, yet we have been convinced that in this was to be found the peculiarity. The symptoms, pathological changes, and most successful treatment, all point to this as being the distinguishing trait between the strumous system and that of one free from such disposition. Then, as a standing point for a further consideration of the subject, we take the position that the too rapid inhibition of oxygen into the blood, and the consumption or rapid elimination of carbon from the blood, is the starting point of the disease; that this is the agent at work in the human system making tubercles; that this affinity for oxygen and consequent consumption of carbon causes the type of development, impressed upon the system, which constitutes the diathesis, habit, or predisposition to tuberculosis.

We shall not here stop to inquire what are the original anatomical or perceptible differences between such a system and one healthy, but shall be content in summing up the facts which go to prove that such affinities do really exist.

The most eminent pathologists have taught that some hereditary peculiarity distinguished the subjects of phthisis. Indeed, it is said to be pre-eminently hereditary, there being a type of cell-growth given to the offspring by the parent, in accordance with which it is developed; and, as Simon says, it is an imperfect pattern of development. This we can readily understand, in a physiological point of view, in the transmission of family likeness and peculiarity. We know that there is a difference between the cell-growth of man and other animals, and between the different races of man, and also between the different genera and species of animals. We are not surprised to see animals breed after their kind, and even to retain the exact impress of the species and stock of their ancestry. We furthermore expect that they will not only be born, but develop in accordance with this law. In those instances the development is physiological. In the case of those predisposed to this disease, the development—in proportion as the habit prevails—is pathological. Pathological action has always offered more obstacles to the inquirer than physiological. In the subjects of this disease, it would appear that the progeny, the germs of which are first formed in the parents, are developed in accordance with a certain pathological impress given to the first cells.

Simons uses the following language in regard to this hereditary transmission of the disease: "I do not mean that, in the process of impregnation, actual tubercular matter passes from the system of the scrofulous father into the germ of the infant, to remain latent there till circumstances call for its development, nor that, during uterine life, the blood of the child is poisoned by its mother's blood, as occurs in small-pox or syphilis. What I mean is this, that the scrofulous diathesis, that the disposition to form tubercles, is transmitted."

Now, as this tuberculous matter is formed out of the blood, it of necessity follows that it is the result of a change wrought upon that fluid either in the process of digestion and assimilation in the glands of excretion and secretion, or produced by the act of respiration. For the further investigation of these blood changes, it would be important to know what conditions of system favored, and what opposed, such dispositions. We find that there are certain diseases which are incompatible with tuberculosis, among which we will mention that of cancer.

In cancer the oily globules of the blood are in excess, while fibrine is proportionately deficient. There is too much respiratory or carbonaceous material which the system makes no use of, and eventually this kind of cells become so abundant that an artificial excretion is established to relieve the system of this plethora. The patient dies, devoured by parasites in the shape of carboniferous cancer cells, which are continually forming within, and carrying without the body its nutritive material.

We would remark in this connection, that the observation of authors lead us to impor-

tant truths with regard to the liability of animals to this disease. Commencing with man, it is found that as we descend in the scale to the torpid animals and reptiles, in which a venous state of the blood is prominent, and their consumption of oxygen scant, that the liability to tuberculosis diminishes in the same ratio of descent.

Agne is another disease with which it is rarely associated. There is a marked contrast between the sallow skin and sclerotica of the one, and the fair or natural skin and the bright blue eye of the other; between the mental torpidity and clouds of the one, and the keen, active, unclouded mental perceptions of the other. Agne deranges the liver by overtaxing it, or forcing into it blood containing an excess of carbon, while phthisis is attended by defective bilious secretion because of the blood's poverty in carbon. Bile is carbonaceous, and the liver is strictly an eliminator of carbon. One disease is characterized by its excess, the other by its deficiency.

As we before stated, Rokitansky, whose opinions were derived from actual observation, attached great importance to increased venosity of blood. Under the head of antagonistic conditions to the formation of tubercle, says Simon, he includes every influence which interposes, directly or indirectly, with oxygenization of the blood, either by diminishing the capacity of the chest, or hindering the expansion of the lungs, or by deranging the pulmonary circulation of the blood, or by impeding the free access thereto; for example, a case of spinal deformity, narrowing the chest; a case of abdominal tumor, encroaching upward and causing dyspepsia; a case of cyanosis, maintaining deficient aeration of the blood; these would be cases in which, according to this observer of hundreds of thousands, the tubercular deposit would not be formed.

Among the incompatible diseases is one directly applicable to the point—cyanosis. Chronic venosity of the blood, as it occurs in dependence on congenital malformation of the heart, is called cyanosis; and the blueness of surface from which this class of cases derives its name, depends on the insufficient exhalation of carbonic acid. The heart, owing to its mechanical imperfections, cannot circulate the blood rapidly enough, cannot expose it often enough to the air. Thus the carbonic acid accumulates, and maintains the blood in a venous condition, while at the same time the mal-formed organ, by delaying the systemic circulation, and causing great congestion of the carbonated blood in the general capillary system, renders the unhealthy tint of the blood more apparent to the eye than it would be in any simple case of poisoning by carbonic acid. If the subjects of such diseases delay to die, as sometimes they do, for years, they vegetate with a general torpor and feebleness of vitality, with an incapacity for muscular or even mental exertion, with an extreme susceptibility of fatigue, and with a defective resistance to cold, which sufficiently mark the morbid chemistry of their blood.

There is one signal peculiarity which attends this chronic venous condition of the blood, and not only in extreme cases of cyanosis, but in all chronic diseases where, from any cause whatever, there is defective arterialization of the blood—the patient enjoys one privilege. He is exempt, perhaps not absolutely, but at least all but absolutely, from tubercular disease.

The foregoing conditions of the system in disease, and the exemption which they afford the patient from tuberculosis, are cited as negative proof that the disease depends on the too rapid oxygenization of the blood. We sum up the following as affirmative:

Oxygen is said to be the vivifier, or nature's own stimulant to the system, while carbon is the stupefier, or nature's anodyne to prevent undue excitement. If we breathe carbonic acid we die of asphyxia, or a want of this stimulus. If we breathe oxygen we live too fast, and die soon. Strumous subjects have all the signs of living fast; they are proverbial for precocious minds, and clear, keen perceptions. A quick pulse and excitable nervous system mark the tuberculous, while he whose system is full of carbon is dull, cloudy, and sluggish, both in body and mind.

Oxygen is the special agent in the production of fibrine. There is excess of fibrine in this disease. Carbon is the companion of the oily principle in the blood, hence the deficiency of respiratory material. Upon this assumption, and this alone, can we explain the preference which the tuberculous deposit manifests for the lungs and glandular system. In the lungs the blood undergoes the great change of absorbing oxygen and eliminating carbonic acid, and here we find the favorite seat for this deposit. It is not improbable that the tuberculous matter is precipitated immediately from the blood by the action of oxygen upon its salts and fibrine. The best pathologists consider tubercle altered fibrine. The oxygen enters the lungs, consumes all the respiratory material presented to it by the blood; then having a surplus, the remainder acts upon the fibrine and other constituents of the blood, producing a precipitate, consisting of these matters deprived of vitality by oxygen. This, in its simplest form, is the cacoplastic deposit, known as gray tubercle, which contains considerable animal matter. The calcareous change, or degeneration of tubercle, results from a constant effort to cure the disease by nature, which absorbs the animal portions of the deposit. The source of fat in tubercle is evidently the albuminous compounds, which, like muscle, fibrinous exudations, and blood, may be transformed into oily granules by a chemical process not yet actually determined. The same may be said of fatty degeneration of the liver and other glands which are so frequently observed in phthisical subjects. It would appear that the condition of the system in which fat accumulates in the blood is directly antagonistic to that in which fatty degeneration of its glands takes place. To promote the transformation or absorption of tubercle we must support the strength by nourishing diet, supply respiratory material to the blood, and promote, as far as possible, a free and healthy circulation of the blood in the lungs. Cod-liver oil and iron justly hold a prominent position.

The foregoing is a brief summary of our views as to the general pathology of phthisis.

Clinical Reports.

[From the service of Prof. N. S. Davis in medical wards of Mercy Hospital.]

GASTRITIS.

FROM NOTES BY WM. H. B.

Gentlemen: This man I have not seen before, and you have heard his statement to the effect that he came to this country a little more than a year ago, when he went to work in the hay and harvest field, laboring harder than he was used to. He states that during the harvest he drank excessively of milk and water. About last Christmas he felt a burning, disagreeable pain in his stomach, and had attacks of vomiting soon after eating. Though he dates this uncomfortable feeling about Christmas, I presume, had he have paid particular attention, he would have noticed it in September.

In the morning, when his stomach is empty, he feels very well, and feels as though he could eat a good large breakfast; but almost as soon as he gets his food down, he recognizes the old pain, and after two or three hours it is generally thrown off. Now mark this particular symptom. The food is soon thrown off, and the pain is of a burning, heating character. When I asked him what he vomited, he said if he vomited soon after his food was taken into the stomach, he vomited but his food, which is very sour; but when it is retained for some time, there is much more thick mucus. Gentlemen, we could easily diagnose this case as that of indigestion; but this would not benefit us much unless we know the exact state of the stomach which causes the failure in digestion.

The simple failure of the stomach to digest the food may arise from either deficient secretion of gastric juice, some grade of inflammation affecting the mucous membrane, or from cancerous disease.

The first class of cases consists of a want of the peristaltic motion, and insufficient secretion of the gastric juice.

Now if this were the case with this patient,

after taking food he would feel a heavy weight in his stomach, with frequent belching of wind or gases.

Patients of this class seldom have vomiting, the bowels remaining torpid, the food lies like a load for two or three hours, undergoing more or less fermentation, when it is worked off, and the patient again feels quite comfortable. This is the most frequent class you will be likely to meet with. A history of this man shows you that it does not belong to this category, as there is a soreness on pressure over the stomach, and a burning pain, with vomiting.

In the second class, where there is an inflammation of the follicles, there is a sense of uneasiness felt before the meal is fairly finished, frequently obliging the patient to get up from the table and go out to vomit.

When the inflammation affects the mucous membrane, generally in a low chronic form, it does not allow the gastric juice to be secreted, but it causes the formation of an excess of mucus, generally of an extremely acid character. Consequently food not only produces immediate distress, which grows worse and worse until vomiting is induced, but the matters vomited are sour, and often acrid.

There is one class belonging to this category which will give you a different train of symptoms, and that is when the follicles are exclusively involved. In such cases the patient is apt to vomit within thirty or forty minutes after having taken food; but you will not find an atom of food in the matters vomited, that which is thrown up being, in some cases, a thin watery mucus, and, in others, as much as a teacupful of thick, ropy mucus. Now, in such cases, both mucus and gastric juice are secreted in such large quantities that it hurries the solution and discharge of the food from the stomach into the intestines. In these cases the patient does not feel much uneasiness until time enough has elapsed for the food taken to have become dissolved and passed out of the stomach; but the gastric secretions continuing their accumulation, soon occasion sufficient distress to induce vomiting, when these secretions alone are ejected, sometimes sharply acid, at others tasteless.

Some of this class of patients vomit a quantity of the gastric secretion every morning before taking food. Such cases are often called pyrosis, or waterbrash. The distress accompanying such cases is more a gnawing or craving than pain.

From these general remarks you will recognize the case before you as that of a diffusive inflammation, affecting both the follicles and mucous membrane of the stomach.

Before we decide positively, however, on the diagnosis of this case, we should allude briefly to the diagnostic symptoms of cancer of the stomach. The fact is, cancerous disease rarely causes such smarting and burning pain as chronic inflammation. The favorite seat of cancer is at the pyloric orifice of the stomach, and the food is retained for an hour or more before the most severe pain is experienced. There is another difference—the cancerous patient seldom vomits more than a small portion of his food, it being usually digested and absorbed in part, leaving but little to be ejected with the ropy mucus that is generally vomited in from one to two hours after taking food. When cancerous disease of the stomach has existed for several months, the patient will often go from six days to two weeks without a passage from the bowels, and still the abdomen will be lank and empty.

Now, gentlemen, when you find a patient past middle life, free from fever, vomiting mostly mucus an hour or more after eating; bowels never moving except by medicine, yet the abdomen lank and empty; with gradual emaciation; you may be quite sure you have cancer of the pylorus.

In chronic inflammation the bowels are generally distended with gases. There is also another item which will help you out in your diagnosis. In cancer the disease comes on slower, and the patient cannot tell you positively when he first began to feel unwell; whereas in chronic inflammation the patient will tell you pretty promptly when his gastric troubles commenced.

If it be true that the patient before you has

a low grade of chronic inflammation of the mucous membrane of the stomach, the longer he continues to dose himself with active physic, under the popular notion that he is bilious, the worse he will get. The principle of treatment should be to give only the most bland and simple articles of nourishment, and such medicines as are calculated to allay the morbid sensitiveness of the inflamed surface. One of the best items of nourishment is a mixture of three parts of sweet milk and one of lime-water. At first it should be given in doses of one or two tablespoonfuls, and repeated every hour. The lime-water neutralizes the excess of acid in the secretions of the stomach, and aids in preventing the coagulation of the casein of the milk until it is absorbed. Once or twice a day a small quantity of thin porridge, made of milk and wheat flour, may be given in addition to the other. Also, occasionally a tablespoonful of animal broth may be allowed. For medicine we will give him, for the first three or four days, the following prescription:

℞	Sub. nit. bismuth,	40 grs.
	Pulv. ipecac,	4 grs.
	Hydrg. chlorid. mite,	4 grs.
	Pulv. Doveri,	20 grs.

Mix, divide into eight powders, and take one before each meal-time, and at bed-time.

After three or four days the powder may be superseded by a pill containing one grain of extract of hyoscyamus and one-third of a grain of nitrate of silver. In some cases a pill composed of one grain each of extract of hyoscyamus and sulphate of iron, taken just before each meal, produces a very beneficial effect. But no kind of medication will succeed in these cases without the most rigid care in relation to the food and drinks.

Domestic Correspondence.

PROF. LIEBIG'S SOLUBLE FOOD IN THE TREATMENT OF DISEASES OF THE DIGESTIVE ORGANS.

I wish to call the attention of the profession to an article of food, the merits of which I believe are not generally known. I have had (and what practitioner has not) a number of cases of gastric and intestinal disturbance which seemed to resist all forms of treatment.

My little patients from three months to two years old were unable to digest food of the most simple kind.

Milk, arrowroot, and all forms of starch, beef tea, animal broths prepared in the most careful manner, were alike rejected by the stomach, or passed the bowels undigested.

The thin mucus discharges, sometimes mingled with blood, were very frequent, and, in some cases, attended by tenesmus.

Drugs were of little use. Opium, astringents, bismuth, chalk, pepsin, mercury, were equally useless.

Meanwhile the little sufferers were rapidly wasting away, actually starving to death for want of some food which the diseased organs could assimilate.

With but little faith I at last ordered "Liebig's Soluble Food." Under this treatment the first child began to improve without medicine of any kind. I gave it to the others. They all improved.

A brother practitioner pronounced the food *sorghum molasses*, but nevertheless gave it a trial. His patients improved. In every case the irritability of the stomach ceased, and the discharges became less frequent and more natural.

The result is that thus far we have not lost a case of this kind, though of several we had no hope. The children relish it, in fact cry for it while they refuse all other food.

It is recommended to be prepared with equal parts of skimmed milk and water. I have found it better, in these cases, to use water alone.

The article in question is prepared from Prof. Liebig's prescription by J. Paul Lerhe, of Dresden. If the experience of others is the same as mine, the great chemist has supplied a want long felt, in giving us this preparation.

A. H. Salisbury, M. D.

Mazomanie, Wis.

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, September 15th, 1872.

EDITORIAL.

MALARIOUS INFLUENCE.—We hear from almost all directions that intermittent and remittent fevers are more prevalent this season than usual. Not only is this true in reference to the greater part of Illinois, Indiana, Michigan, and Iowa, but also of the southern part of Wisconsin.

A short time since we were informed by an active practitioner in Janesville, that these fevers were more prevalent in some parts of that city than for seventeen years previously.

This unusual prevalence of ague is not limited to the Western States, however. In New York and Brooklyn, and their suburbs, we are told the same unusual prevalence of malarial diseases exists.

In some of the southern townships of this (Cook) county, sickness of this character has been so prevalent as to leave hardly well persons enough to take care of the sick. In this city we have had but little pure and simple intermittent fever, but almost all cases have presented a mixed or typho-malarial character. The same influence has doubtless added much both to the prevalence and mortality of the bowel complaints of children. The leading cause of this widespread and unusual prevalence of malaria is supposed to be the small amount of *rainfall* during the present and past summer, and the consequent greater evaporation from the subsoil.

CREDIT TO WHOM CREDIT IS DUE.—A brief report on the prevalence of cerebro-spinal disease in Chicago, which was read to the Chicago Medical Society, and originally published in the MEDICAL EXAMINER, is copied into the September number of the *Journal of Materia Medica*, and credited to the *Kansas City Medical Journal* for June, 1872.

THE subjoined obituary is translated from *El Nacional*, a paper in Quito, South America, and commemorates the death of Dr. Casares, Professor of Surgery in the University of Quito. Professor Casares was the author of one of the letters on Cundurango published in the EXAMINER. He was a man of immense energy, and commanded unbounded admiration and esteem in the city of Quito.

E. ANDREWS, M. D.

OBITUARY.

Died, in Quito, on Sunday, July 28, 1872, after a protracted illness, of typhoid fever, Dr. Camilo Casares, in the 42d year of his age.

And thus suddenly, in the flower of his days, has passed from earth one who had already won an eminent reputation in his chosen profession, and whose future promised fair for science and surgery.

As a gentleman, he was always courteous and winning in his deportment. As a man, he was honorable, generous, tender-hearted, and dear to his friends. As a physician, he had but few superiors, and he stood pre-eminent as a surgeon. Laborious and faithful, he added to these virtues rare talent and a remarkable scientific intuition. He leaves vacant a place that cannot well be filled.

The indigent poor of Quito will not soon find another heart more gentle, or more generous to their sufferings. The circle of his profession will long remember his skillful aptitude and ready knowledge. His friends (and they were legion) will never forget the winning affability and genial brightness of his presence. To his family such a blow is irreparable. And his country has lost in him one of the noblest and most enlightened of her children. It will be difficult indeed to fill the position which he occupied with such signal skill in the University of Quito.

Talented, popular, and hopeful, it is one of

Heaven's strange mysteries that such a man should fall in the very tide of his usefulness, and the very May-day of his manhood.

Rest on, good friend. Sleep tranquilly, stout heart. Life's work was well and bravely done, and thou hast gone to thy reward.

A FRIEND.

Society Reports.

CHICAGO MEDICAL SOCIETY.

CHICAGO, *Sept.* 2, 1872.

Regular meeting—President Paoli in the chair.

The minutes of the previous meeting were read and approved.

Dr. S. R. Millard reported a case of malignant scarlatina following child-birth, of which the following is an outline:

A lady, aged 27, was delivered of a healthy child, after natural labor, on February 1, 1871. Nothing unusual occurred before the third day after delivery; but at that time the patient vomited once or twice, though her condition was by no means such as would excite apprehension. The following morning she complained of severe headache, but careful examination failed to reveal any other probable cause than an inactive state of the bowels. The tongue was slightly coated, the lochia natural, the pulse 90, respiration natural, and the abdomen neither tumid nor tender. The pulse did not exceed 90 in frequency at any time during the course of the disorder, and was generally below 80. On the morning of the fifth day after delivery the patient said she had rested well during the previous night, and complained of only a very slight headache. The pulse was 80 and rather soft. At 2 o'clock p. m. the pulse was very feeble and intermitting, and there was observed a slight discoloration on the arm and a scarlet rash on the breast. At this juncture ammonia, brandy, and quinine were freely administered, but the patient sank rapidly, and died at 7 p. m.

It was learned, after the diagnosis of scarlatina had been made, that the family which had occupied the house six months before the confinement of the lady, had had the disease, and that the same furniture, bedding, etc., had been used by her, nearly up to the time of confinement, as had been used by the previous occupants of the house. This is the only possible source of contagion of which anything can be learned.

In remarks on the case Dr. Quine stated that he did not think there were present a sufficient number of the ordinary phenomena of scarlet fever to establish beyond doubt the diagnosis. The pulse and temperature described were by no means such as are ordinarily met with in the disease, and the entire absence of local complications would throw additional doubt on its existence. The patient was not known to be in an alarming condition until the fifth day after delivery, when an eruption appeared, and simultaneously the circulation became greatly depressed. He inquired if this was usually the case in scarlatina, and stated as his opinion that the condition of the circulation generally improved in that disease immediately upon the appearance of the eruption. It was, moreover, reasonable to suppose that poison which had been in the system during a period of over six months without apparent detriment would have caused to be developed a certain degree of tolerance; at least would not manifest such violent action as to destroy life in four or five hours after the appearance of the first symptom that would indicate its presence. From the history that had been read he considered it as reasonable to suppose that the patient died of puerperal fever, and the eruption as petechial, as to regard the case as an easily recognizable one of scarlatina.

An animated discussion then ensued on the nature and forms of puerperal fever, between Drs. Wickersham, Paoli, and Quine.

The President, Dr. Paoli, reported a case of poisoned wound, in which severe constitutional symptoms followed the bite of a species of tarantula, said to be abundant in the vicinity of the city. Soon after the wound was inflicted there appeared around it a dark erysipeloid rash; and on the following day

a similar rash appeared on the opposite and uninjured limb.

Dr. Bridge regarded the last mentioned occurrence as an example of reflex action. He did not intend to say that a specific morbid or remedial impression could be conveyed through the medium of the nervous system, but that a poison might so impress a sensitive part as to cause such a condition of the nervous center as would result in an influence being transmitted to another part as would lower its vitality or power of resistance.

Dr. Quine reported a case of multilocular ovarian tumor, and exhibited the specimen, which was removed post mortem. The patient, when she came under the doctor's care, was fifty-six years of age, and in an excellent condition of general health. She had ceased menstruating ten years before, and noticed at that time a small swelling or tumor in the right inguinal region. For over nine years the tumor did not cause any inconvenience, and did not seem to increase in size; but shortly after her arrival in this country from Norway, nine months ago, it began to enlarge rapidly, and when she presented herself for treatment the abdomen was so enormously distended as to embarrass very seriously the action of the heart and lungs. She was tapped at once, and over a gallon of limpid serum drawn off. Refusing to submit to the radical operation at this time, she was dismissed from care after her recovery from the tapping, with a prescription for iron and quinine. In a month, however, she presented herself again, and readily consented to an operation; but a few days before the time set for performing it she was injured by a fall from a chair, in consequence of which death from peritonitis ensued. The tumor weighed about twenty-two pounds. The pedicle was rather short and broad. There had been no adhesion.

WM. E. QUINE, *Secretary.*

SMALL-POX IN THE UTERUS.—Traces of variolous eruption have been discovered in fœtal life at four months, which is the earliest period on record.—*Med. Rec.*

Gleanings from Our Exchanges.

OIL TURPENTINE IN HEMORRHAGE FROM THE BOWELS.

Dr. S. Wood, of Clyde, New York, in an article in the Buffalo *Medical and Surgical Journal*, August, 1872, advocates the use of oil of turpentine alone in large doses for the control of hemorrhage from the bowels, occurring as a complication of typhoid fever.

The following case is one among a number given in illustration:

Case 1.—In the evening of the second day of the month of September, 1852, I was requested to visit W——, a boy of sixteen years, with typhoid fever, some two and a half miles distant, and who had been under the care of another practitioner some two or more weeks. I was told that the case was one of great urgency, since an unfavorable prognosis had been given. On arriving at the bedside, I was informed that blood in large quantities was passing from his bowels at each frequent evacuation. Found patient exceedingly restless from pain and tympanic distension of the bowels. Skin dry and burning; pulse extremely rapid and thready; tongue dry, clean, and with dark papilla, with sordes on the teeth and lips. The prognosis indeed seemed most unfavorable.

In being called upon to prescribe in an emergency of this kind, there was an imperative demand for immediate and decisive action. What was to be done should be done quickly. Not a moment was to be lost. In running rapidly through my mind the various styptic remedies of the *materia medica*, suitable to the case before me, I happened to recollect an article first published in the *Medical Times*, August 17, 1850, from the pen of Dr. Wm. Budd, physician to the Bristol Infirmary, on the "styptic properties of oil of turpentine in a case of purpura hemorrhagica," and also another article in *Braithwaite's Retrospect* for January, 1851, by John Griffith, Esq., Wexham, on the use of turpentine in large doses, in uterine hemorrhage; and from the high praise given this remedy by these medical gentlemen, I at once resolved to give it a trial. Some was procured from a near neighbor, and, without delay, I administered a teaspoonful in some sugar and water, and in fifteen minutes as much more. After the expiration of an hour I gave half the quantity in the same manner, and then ordered that in two hours twenty drops

should be given, and so on every two hours until I should see the patient again the following morning.

Sept. 3.—Symptoms much improved; pulse slower and fuller; less heat of surface, with a tendency to perspiration; expression of countenance less anxious; and, from the character of the stools, was fully convinced that the turpentine had controlled the hemorrhage almost immediately after the first dose had been taken. For the next twenty-four hours I ordered the remedy to be given in twenty-drop doses every four hours.

Sept. 4.—Patient still improving; symptoms all better; no more hemorrhage; but the turpentine was so obnoxious that I reluctantly discontinued its further use until I should see him again, and substituted a tonic in its stead.

Sept. 5.—Hemorrhage had returned with symptoms of a very threatening character. I now prescribed the turpentine again, to be given in twenty-drop doses, as first, every two hours for three or four doses, depending upon symptoms, and then every four hours until I should see him next day.

Without extending the report of this case further, I will briefly state that I continued the remedy some three or four days. At the expiration of this time convalescence was fully established, and without further drawback went on rapidly to complete recovery, there being no more hemorrhage.

In conclusion the author says:

To enter fully upon the therapeutics of the oil of turpentine, or history of its introduction into the materia medica, is not the object I have in view at this time. It would be too much of a trespass upon your time and patience, my sole purpose being to throw what light I can upon, or call your attention more especially to, the management of hemorrhage of the bowels, when it occurs as a complication in the latter stage of typhoid fever. It will be noted that the doses given are much larger than recommended by our works on materia medica in passive hemorrhages from the bowels. How the remedy acts, whether as a stimulant or styptic to an ulcerated surface, you can judge as well as myself. I am well aware that oil of turpentine has been much used of late years in the ordinary dose in certain stages, or to combat certain symptoms of typhoid fever, but not in the hemorrhage occurring during their progress.

Case of Excessive Hypodermic Use of Morphia.—Dr. Judson B. Andrews, Assistant Physician to the New York State Lunatic Asylum, Utica (*Am. Jour. Insanity*, July, 1872), mentions the case of a woman, aged 30 years, who had passed into an acutely maniacal condition, and exhibited scars and ecchymosed spots, covering nearly the whole of the body, which could be reached by her own hand. When convalescent, she asserted that she had employed the hypodermic injections for three and one-half years, once, and much of the time twice a day, making in all about two thousand injections; that during the last few months of its continuance she had used a drachm and one-half of morphia per week; that she inserted the needle perpendicularly to the surface, and often carried it its full length into the tissues. About four months before death the patient, in rubbing her hand over the breast, discovered an elevated point, just under the skin, which on pressure gave a pricking sensation. This was cut down upon and a broken needle extracted. From this time from one to twelve needles were removed daily from various parts of the body; from the left breast, the abdominal parietes, the mons Veneris, the labia and vagina, the thighs, from the leg down to the ankle, from the buttocks, from about the anus, from the back as high up as between the shoulders. 286 needles were taken from her body during life; 11 were found in the tissues after death; 3 were passed from the rectum during sickness; making a total of 300 needles and pieces. Of this number 246 were whole, and 54 were parts of needles. As regards position in the body, they were distributed about as follows: In right breast, 150; left breast, 20; abdomen, 60; genitals, 20; thigh and legs, 30; back, 20.

It was supposed that they were introduced through the skin while she was under the influence of morphia, hypodermically administered, and while suffering from hysteria. That some were found in positions where they could not have been inserted by the patient, can be accounted for by their movements in the tissue, which were observed so often during the life of the patient. Her mother could throw no light on the subject, but recalled the circumstance that the patient purchased, at one time, ten papers of needles, and could account for only two of them. They were not obtained or introduced while in the asylum.—*Med. Rec.*

University of Zurich.—The professors of this university are unanimously opposed to the admission of further female students, and they intend to apply to the federal government of Switzerland for a bill restricting the rights of studentship to males.—*Ibid.*

Pharyngitis and Rhinoscopy.—Harrison M. D., Surgeon to Philadelphia Hospital (*Philadelphia Medical Times*, Aug. 1, 1872), says that in pharyngitis, dependent upon general naso-pharyngitis, no instrument can approach in efficacy the atomizer. The best form of this instrument with which he is familiar is that known as the Sass sprayer. The peculiarity of this instrument consists in the test-tube receiver, which is held in the left hand, and a pair of very long barrels, the points of which, when the receiver is near the mouth, are lodged within the axis of the pharynx; the whole being worked by a bulb and tubing held in the right hand. In specific ulceration of the naso-pharyngeal space, he has obtained good results from the use of a solution of sulphurous acid of one drachm to the ounce, sprayed upward through the naso-pharyngeal aperture; or the pure acid may be applied to the affected spot if the part thus operated upon lie below the palate. Where there is abundant mucus, as in lingering acute catarrh, a spray of strong alum water proves oftentimes efficacious. It is in this class of cases that insufflations of alum are of advantage. The best insufflator is a simple glass tube, bent at convenient angles, and furnished with a fenestra at about its middle; a light piece of India-rubber tubing attached to one end of the glass tube completes the instrument. The powder to be used is inserted in the glass tube through the fenestra, which is then covered by a sliding cylinder of rubber. The instrument now being inserted in the pharynx, with the orifice of the tube pointing upward, the opposite end of the instrument is held between the lips of the operator, who quickly blows the powder up into the naso-pharyngeal space.

In closing this "Clinical Lecture," he advocates the nasal douche as an adjunct to the treatment: more, however, as an aid in *washing* the parts than to medicate the region. Weak solutions of salt, or carbonate of soda, used *tepid*, will meet every indication. The washing need not be repeated oftener than once a day—say at the time of the morning toilet.—*Med. Rec.*

Hydrochlorate of Ammonia.—Spencer Thomson, M. D., Ashton, Torquay (*British Medical Journal*, July 13, 1872), finds the hydrochlorate of ammonia one of the most efficient remedies in cases of portal dropsy, prescribed in scruple or half-drachm doses, given tolerably diluted, every six or eight hours. The recent accounts of the success attending the employment of this remedy in hepatic affections in India, he hopes will lead to its more extensive use in England.

Foreign Appointments and Changes.—Dr. Ferhart, of Jena, has been appointed to fill the chair of Clinical Medicine in Wuerzburg, vacated by Bamberger, who has gone to Vienna; and Dr. O. Liebreich (discoverer of the action of chloral) has been appointed Ordinary Professor of Materia Medica in the University of Berlin. Dr. Brown-Sequard has resigned the Chair of Comparative and Experimental Pathology in connection with the Faculty of Medicine of Paris, and M. Vulpian has applied for the position. The College of Professors of the University of Vienna have determined on adding a third teacher of Clinical Midwifery to the two already existing, and have appointed to the new post Dr. Gustav Braun, Professor of Midwifery in the Joseph's Academy. Mr. Hancock, for many years Surgeon to Charing Cross Hospital, has been appointed to the Presidential Chair of the Royal College of Surgeons.

Dr. P. A. Simpson has been elected Professor of Medical Jurisprudence in the University of Glasgow.—*Med. Rec.*

Aphonia.—Meyer, of Berlin, reports the case of a young girl with a crowing cough, the sequel of whooping-cough, which lasted from two to three minutes, and was repeated every quarter or half hour. The paroxysms terminated in aphonia. The disease increased in spite of the most active treatment. After two years, electric medication was resorted to. Meyer stimulated the nerve of the larynx by placing one of the electrodes in the direction of the recurrent laryngeal nerve, on the internal edge of the sterno-cleidomastoid, in the groove between it and the tracheal artery and œsophagus. The inferior electrode was placed on the transverse process of one of the cervical vertebræ, in order to be as near as possible to the origin of the vagus nerve. After sixteen seances the attacks had already intermissions of from two to three hours, and at the end of twenty other seances they ceased entirely, and with them the aphonia disappeared.—*Am. Jour. Obstetrics.*

Good Effects of Aconite in Acute Pneumonia.—Among other cases of interest which came under the observation of Dr. Murchison, in the male wards of St. Thomas' Hospital, London, was that of a boy aged fifteen, who was admitted with acute pleuro-pneumonia of the right side, and herpes labialis, and considerable increase of temperature. On the administration of eight minim doses of tincture of aconite, with liquor ammoniæ acetatis every four hours, the temperature at once came down, and the disease did not increase.—*British Medical Journal*, July 13, 1872.

Cyanosis from Nitrate of Silver Removed by Iodide of Potassium.—Dr. L. P. Yandell, jr., Professor of Materia Medica and of Clinical Medicine in the University of Louisville, says, in the *American Practitioner:*

Most practitioners have met with cases of cyanosis produced by nitrate of silver; and such cases were more frequent many years ago, when nitrate of silver was more frequently employed for epilepsy than it is at the present time. According to most authorities the stain is permanent, and not amenable to treatment. Many remedies have been suggested, iodine, nitric acid, and acid nitrate of potash being the favorites; but I have found no cure recorded. As much as fifteen grains of nitrate of silver have been given thrice daily, in pillular form, without injury; but five grains in solution seems to be the largest dose capable of safe administration. It is the generally accepted opinion that the blue skin never supervenes when the remedy is given for a less period than three months. The discoloration first begins about the gums and fauces. It has been found in the coats of the intestines and eyes. It may appear several months after cessation of the use of the medicine; and exposure to the sun seems to predispose to its development.

The stain has been variously described as blackish, bluish, grayish, slate color, and bronze. The mineral is deposited in the deeper parts of the skin, and is most abundant where the skin is most vascular. A blister upon the skin produces a white vesicle, as in the normal cuticle.

The two cases which have suggested this report, are similar in many respects. Both were young merchants, and both had been treated unsuccessfully for epilepsy by nitrate of silver in their youth. Both contracted syphilis, and for tertiary symptoms got iodide of potassium. This drug was given in from ten to sixty grain doses, thrice daily, for a number of months, in connection with ferruginous or bitter tonics. One of the patients was forced to discontinue the iodide because of its disagreeable effect upon the system. The other took it until all traces of syphilis had passed away, and he increased in flesh under its use. In both cases the fading of the stains was gradual. In the first case there is a faint trace of discoloration remaining, though it is scarcely perceptible. In the second, which was much the darker of the two, there is not a shadow of the disfigurement. The iodide of potassium was not given in either case with reference to the cyanosis, and its beneficial effects were observed by me accidentally more than a year after their occurrence. It may be well to state that both patients were treated by the moist mercurial vapor bath during much of the time that they were using the iodide of potassium, and the abundant diaphoresis may have assisted the action of the iodide. I would suggest, therefore, for the treatment of nitrate of silver cyanopathia, the use of the vapor bath in connection with the iodide of potassium.—*Canada Medical Record.*

Ammonia in Suspended Animation.—The value of the injection of ammonia, as recommended by Prof. Halford, in cases of snake-bite and suspended animation, has been again demonstrated. A lady in Melbourne recently swallowed by accident an ounce of Browne's chlorodyne, which is a mixture of chloroform, morphia, and prussic acid. When seen by her medical attendant, she was, as he imagined, on the point of death—cold, insensible to everything, and giving only occasional gasps as signs of breathing. Recollecting a former case, in which a young man who had taken chloroform was revived after death had apparently occurred, the doctor mixed half a drachm of the liq. ammon. fort. with one and a half of water, and within the space of one minute injected the whole into a vein of the arm. In a few minutes the pulse returned, the breathing became natural, and by twenty minutes the whole body had regained its natural warmth; but perfect consciousness did not return for some hours afterward. The patient made a rapid recovery. Two further instances have also been reported in which the timely use of the injection saved the victims of snake-bite from the death which threatened them.—*Melbourne Argus.*

Grafting with Rabbit Skin.—There have been reported to the Paris Academy of Sciences three cases of ulcers in the human subject healed by grafting upon them cutaneous particles taken from the rabbit. M. Larrey was so pleased with the idea that he proposed entering the Report for a prize. Whether the new surface produced a growth of rabbit's fur, we are not informed. But why not? And if so, why not put the new practice to profit by substituting for the rabbit the Angora goat or some other variety which will produce a valuable wool? Baron Munchausen did something of this kind, if our memory serves us, with his horse. There are some thousands of vagabonds and convicts in California, who might be made valuable to the State, or at least who would pay for their keeping, if, by the aid of delicate surgery, they were set to raising wool.

Influence of Rheumatism on Character.—In a translation of Dr. Faure's article on this subject (*Archives Generales*, Sept. 14, 1871), by Dr. S. G. Webber, of Boston, Mass., in the *Journ. Psychological Medicine*, it is shown that rheumatism is manifested under such variable forms that one may inquire, on meeting anything unusual in a patient subject to its attacks, whether rheumatism may not be concerned therein. Why may it not attack the organs of the cerebral functions on which character depends, as well as the heart, etc.?

A man who is subject to rheumatism will very often state that he has moments of despondency without cause, of inquietude, of forlornness, inexplicable to himself. Then he is discouraged without cause, and sees every thing in the shade; that which ought scarcely to be the object of a slight care becomes the cause of a cruel torment. He is without force, his thoughts can be fixed on nothing, all intellectual work is impossible. If he wishes to solve a problem he soon experiences fatigue and heaviness of his head, which often turns into a violent headache. Then his sensations are altered, his affections cease, he is indifferent to everything. That which has the most right or power over his mind, remembrances which are most dear or most painful, have no interest for him. His character has changed. He is conscious of his condition, and can for a few minutes rouse himself out of it. A crisis may follow, his head is congested, he feels quite giddy. Finally all these symptoms disappear, and his mind recovers its tone and clearness. The attacks vary much with individual disposition.—*Med. Record.*

Epidemic of Jaundice.—An epidemic of icterus prevailed in Paris during the past winter. It is described by Dr. Decaisne, before the Academy of Medicine, as attacking persons in all conditions of life and health, without any assignable general or local cause. The *velum* of the palate exhibited the general yellowness. A strict diet, with the free use of cream of tartar lemonade, was sufficient in general to effect a cure. The physicians of the Academy appear to have regarded the epidemic as without a precedent. In the *Medical Press* for February, 1866, will be found a record made by the senior editor of this journal, of a similar epidemic which prevailed extensively in Vermont in the autumn of 1865, and which attacked nearly one-half the population of some towns. In that instance the mercurial treatment was found successful and necessary.—*Pacific Medical and Surgical Journal.*

The Work done by a Human Heart.—The total daily work done by the human heart is equivalent to 124,208 tons lifted one foot. The daily labor of a workman, deduced from long-continued observations of various kinds of labor, is found to be equal to 3,540 tons lifted through one foot during the ten hours. This is less than three times the work done by a single heart, beating day and night for twenty-four hours. In a boat race, it is calculated that 15 foot-pounds of work are performed by each ounce of muscle during each minute of the rowing. No muscular labor that man can undertake is more severe than this; and yet this labor is only three-fourths of that which is exerted day and night during life by each of our hearts. If the heart should expend its entire force in lifting its own weight vertically, it could raise that weight 19,754 feet in an hour. An active pedestrian can climb from Zermatt to the top of Monte Rosa, 9,000 feet, in an hour; or he can lift his own body at the rate of 1,000 feet an hour, which is only one-twentieth part the energy of the heart. The heart's energy equals one-third of the total daily force of the muscles of a strong man. It exceeds by one-third the labor of the muscles in a boat race, estimated by equal weights of muscle; and it is twenty times the force of all the muscles used in climbing, and eight times the force of the most powerful engine of the same size yet invented by man.—*Boston Journal of Chemistry.*

Means of Arresting Epistaxis.—Dr. Martin, of Geneva (*Journal de Med. et de Chir. Prat.*), says that, as the blood in general in epistaxis comes only from one nostril, and most frequently from the anterior third of one of the nasal fossæ, he compresses the facial artery of the side upon the upper jaw, very near the nose, and thus diminishes the effusion of blood into the nasal cavity, which almost always arrests the epistaxis. He has had the pleasure of stopping very obstinate bleedings from the nostrils in the streets, on steamboats, and in coaches, or in the theater in this way. In the schools of his Canton some professors have recourse to it with the boys, and have found it to answer well. He adds that in two cases this plan ceased; but in three cases plugging of the nostrils also failed. Patients were drunkards.

New York Physicians.—According to the New York *Medical Register* for 1872, there are in New York city, Brooklyn, and vicinity, 1,748 practising physicians in good standing, a gain of 195 over the year 1871.—*Med. Rec.*

Cure of Strangulated Hernia by Aspiration.—M. Demarquay communicates to *Le Mouvement Medical* a case of successful reduction of, and recovery from, strangulated congenital inguinal hernia by means of aspiration. A young man, 31 years of age, after fatigue during the 5th of May, while on a visit at Vermillion, was suddenly seized with colic, attended by frequent vomiting; a tumor of considerable size at the same time had formed in the left groin. On the following day these symptoms continuing, he was taken to the surgical *servir* of the *Maison de Sante*, where the *interne*, having unsuccessfully employed the taxis, applied a bladder filled with ice, and waited for the morrow. On the morning of the 7th the patient was seen by M. Demarquay. He was then feverish and thirsty; the tumor voluminous, and it was seen that its precise nature was that of strangulated congenital hernia, of which M. Demarquay states he had never previously successfully treated a case by operation. The employment of the taxis having failed, the patient was put under the influence of an anæsthetic, and again the same measure taken with no better result. It was then determined to employ aspiration. A fine trocar was inserted at the center of the tumor, and by means of the aspirator of M. Potain 120 grammes of fluid were extracted from the intestine, without counting the gas. The tumor instantly collapsed; the trocar was removed; an interval of a few minutes allowed to elapse before further interference took place. No swelling took place, nor was there indication that further escape of gas or liquid from the intestine was going on; the taxis was again very gently applied, pressure was made very gently above and below the tumor, and the intestine felt to glide back into the cavity of the abdomen. The patient was subsequently treated by perfect quiet, with low diet, opium in small doses being given, and, beyond the occurrence of some degree of inflammation in the testicles from the pressure and handling it had undergone, no accident took place.—*The Doctor.*

American Medical Association. — The Triennial List of Permanent Members will be published this year. Permanent members who have not paid their assessment will please notice :

"Any permanent member who shall fail to pay his annual dues for *three successive years*, unless absent from the country, shall be dropped from the roll of permanent members."

Wm. B. Atkinson,
Permanent Secretary.

The Census.—Not enough Girls to go Round.—It is reported that the complete census returns of the United States for 1870 give us these startling statistics of our population :

Men and boys	19,493,665
Women and girls	19,064,806
Surplus of men and boys	428,859

A surplus of 428,859 men and boys is something really startling, when it is considered that Adam and Eve, one man and one woman, is the law of the creation. But as in the chapter of accidents there are more fatalities among boys than girls, and more widows than widowers, and more old maids than old bachelors, our surplus of men and boys is in the infantile and not in the adult population. "So time at last makes all things even."—*Medical Record.*

Examination of Midwives.—In order to repress some of the dangerous abuses caused by want of examination, and consequently of education among "monthly nurses," the Obstetrical Society of London has resolved to form a jury from its members, and to deliver certificates to those women who, on examination, shall show themselves to be capable of executing certain obstetrical manipulations, and who shall show that they have had sufficient elementary instruction.—*Ibid.*

Opium Eating.—The Legislature of Kentucky, in order to check the practice of opium eating, which is greatly on the increase, has just passed a bill that, on affidavit of two respectable citizens, any person who, through excessive use of opium, arsenic, hashish, or any drug, has become incompetent to manage himself or his estate, may be confined in any asylum, and placed under guardianship, as in the case of habitual drunkards or lunatics.—*Ibid.*

Cotton Seed Oil.—There are at present upwards of twenty mills in this country exclusively operated in the manufacture of oil from cotton seed; and over 150,000 tons of seed are used annually. The oil cake is sent largely to England, where it is used as food for cattle. The oil goes mostly to Bordeaux, Barcelona, and other olive-growing sections of Europe, from whence, after "doctoring," it comes back as "pure olive oil."—*Ibid.*

Legalized Dissections. — Michigan and Iowa have recently legalized dissections, and made provision for it by permitting physicians, medical societies, and colleges to claim for this purpose the bodies of criminals and paupers unclaimed by friends.

PRESCRIPTIONS FOR PRESCRIBERS.

The following note, preceding a table of maximum doses, is taken from the *Pharmacopœa Helvetica*, 1872:

"Doses maximæ medicaminum heroicorum, quas dispensando transgredi non licet nisi medicus id expresse postulaverit numerum exprimendo verbis linea submotatis, et signo (!) distinctis."

None but the initiated can form an adequate idea of the anxiety and vexation in the dispensing of medicines, which arise from causes apparently trivial, though in reality of serious nature. We may mention among these, indistinctness in the writing of the prescription, due to the use of the lead pencil; illegibility from careless chirography; the omission of directions for the use of the medicine, etc. The most grievous annoyance to the apothecary, however, is the general neglect, on the part of physicians, of the rule suggested in the above quotation; that is, the prescribing of heroic doses of powerful agents—doses which, under ordinary circumstances, could be given only with dangerous, if not fatal, results—with nothing to assure the dispenser that an error has not been committed. Now, mistakes in prescriptions have occurred, and will again occur, despite the care of the physician; and to shield the patient from the results of such possible errors is within the province of the apothecary. What, then, is his duty, upon receiving a prescription which contains either a palpable error or an extraordinary, anomalous dose? It is clear enough, and, to his credit be it said, it is generally put in practice. He must consult the physician before dispensing the prescription. Making, therefore, a plausible excuse for delay, and arranging, if possible, to send the medicine when "finished," he dispatches his trusted apprentice *sub rosa* (out the back door) with instructions to find the doctor and make the proper inquiries.

Since most of the errors of which we complain are the fruits of the hurry of a large business, it generally happens that the apothecary's Mercury does not immediately stumble upon the object of his search. So it often occurs that the impatient patient sits on the stool of expectancy hour after hour, awaiting the results of the prolonged labor of that "young man" who is "working at his prescription."

Now, the returning of a prescription to a doctor is naturally disagreeable to him. It bears with it at least a suspicion of error on his part. If there be no error, the doctor too often, without due appreciation of the caution of the apothecary, manifests by word or manner a disposition to resent the calling in question of his accuracy. If, on the contrary, the physician finds that he has made an error, he seldom takes occasion to thank the apothecary for his scrutiny or consideration. For the most part he acknowledges the mistake and makes the correction with a complacent smile, calculated to exculpate himself by a show of belittling the error, albeit this may have been as fatal to his patient as was the thrust of Tybalt to Mercutio.

To avoid these very unpleasant embarrassments and misunderstandings, prejudicial to the doctor, apothecary, and the patient, we urge the adoption by all physicians of the rule given in the *Pharmacopœa Helvetica*, to wit: that in prescribing unusual doses of poisonous medicines, the physician should, in addition to the common signs, *indicate the quantity by writing it out in full, underscoring* the words, *and adding* the sign (!). Thus:

℞ Morphiæ Sulphatis, gr. x. *ten grains* (!)
Divide into 6 (six) powders.

An observance of this rule by physicians is obligatory in several European states, and a similar requirement in our country would be of great advantage.

We cannot leave this subject without another suggestion upon the art of prescription writing, namely, the importance of attaching directions for the use of medicines. It is a wise precaution against mistake and misuse, and has manifold advantages. An example may serve in illustration. We lately saw a prescription for powders, each of which contained thirty grains of digitalis, with no directions as to their use. A very proper degree of caution on the part of the dispenser caused him to make inquiry of the prescriber, only to learn that the powders were to be made into a lotion for external application.

Another and more forcible instance we have in the following case, which occurred in our experience. A prescription calling for sul. morphia, gr. x, was presented. No directions to indicate its use accompanied it. Suspecting something wrong, the dispenser questioned the patient, and learned that he was suffering from ague, and had been told to take "half the powder to night, and half to-morrow morning." Of course quinæ sulp. was substituted, and the patient departed none the wiser of his near approach to death. Had this prescription appeared at a less particular establishment, the result might have been different; whereas, had the directions been given, they would have served as a safeguard against mistake in any store.

In conclusion, we will repeat the suggestions of the foregoing remarks:

First. Physicians should make an invariable practice of indicating heroic doses by repeating the quantity desired in written characters, underscoring the same, and attaching the sign (!).

Second. When ordering powerful medicines as local applications, they should so far indicate their use as to remove suspicion of error from the mind of the dispenser.—*Pharmacist.*

Vienna Obstetrical Hospital.—In the three different departments of this hospital there are annually from 8,000 to 9,000 deliveries. In Prof. Braun's clinic, during 7½ years, from 1863 to 1871, among 34,851 births, 363 died of puerperal peritonitis, including all cases operated upon, *i. e.*, 1.04 per cent., or 10 of every 1,000 deliveries; and 111 died of accidental diseases, *i. e.*, 3.4 per cent., or 44 in every 1,000. It follows that 63.9 less in every 1,000 die now than in former years.—*Med. Rec.*

Death from Ether.—A death has occurred at Bellevue Hospital, the result of the inhalation of ether.—*Ibid.*

Book Reviews.

Clinical Lectures on the Diseases of Women, by Sir James Y. Simpson, Bart., M. D., etc. Edited by Alexander R. Simpson, M. D. D. Appleton & Co., New York.

This is a volume of 780 pages, made up of a series of Clinical Lectures, most of which were published in the *Medical Times and Gazette*, during the years 1859–1861. Ten out of the fifty lectures, however, drawn up from the editor's own notes and those of Dr. Black, with the aid of the author's lecture notes, are now published for the first time. The lectures being clinical are not arranged in any systematic order, but a copious table of contents, and a full index are introduced to facilitate reference. The following is a list of topics treated in the various lectures: Diagnosis of the Diseases of Women—Vesico Vaginal Fistula—Pelvic Cellulitis—Pelvic Peritonitis—Peri-Uterine or Pelvic Hematocele or Hematoma—Cancer of the Uterus—Carcinoma of the Uterus and Mamma—Coccygodynia and Diseases and Deformities of the Coccyx—Dysmenorrhœa—Closures and Contractions of the Vagina—Carunicles of the Urethra—Neuromata of the Vulva—Hyperæsthesia and Neuralgia of the Vulva; Abscess of the Labia Pudendi, and the Various Forms of Vulvitis—Surgical Fever; Its Etiology and Semeiology; Its Treatment—Phlegmasia Dolens—Spurious Pregnancy or Pseudocyesis—Its Prognosis, Pathology, and Treatment—Ovarian Dropsy; Symptoms, Diagnosis, and Treatment—Its Surgical Treatment—Injection of Iodine—Ovariotomy—Cranioclasm—Dropsy and Other Diseases of the Fallopian Tubes—Puerperal Mania—Puerperal Hypochondriasis, Sub-Involution of the Uterus after Delivery—Amenorrhœa—Rupture of Perinæum—Fibroid Tumors of the Uterus; Their Differential Diagnosis, Prognosis and Treatment—Polypi of the Uterus—Leucorrhœa—Chronic Metritis—Prolapsus Uteri—Retroversion of Uterus. The work is illustrated by about 150 cuts, representing the various operations and morbid conditions described in the text.

Transactions of the Medical Society of the State of Pennsylvania at its Twenty-Third Annual Session, held at Franklyn, Pa., June, 1872, Vol. IX, Part 1.

This is a volume of 250 pages, and contains a large number of valuable reports and essays.

Proceedings of the American Association for the Advancement of Science—Twentieth Meeting—Held at Indianapolis, Indiana, August, 1871. Published by Joseph Lovering, Cambridge, 1872.

A volume containing many reports and contributions of interest and importance to the scientist.

New Treatment of Venereal Diseases and of Ulcerative Syphilitic Affections by Iodoform. Translated from the French of Dr. A. A. Izard, by Howard F. Damon, M. D. Boston: James Campbell, Publisher. Price fifty cents.

A pamphlet of 72 pages. A number of clinical observations are given, illustrative of the value of the new form of treatment.

Original Communications.

CASE OF DESTRUCTION OF THE KIDNEY BY SUPPURATION.

BY A. FISHER, M.D., CHICAGO, ILL.

On the 13th of April, 1872, I was called to see Mr. P., aged 47 years; temperament nervous and sanguine. I had been his physician for the past 16 years. During that time he had frequent attacks of pain in the left kidney, with difficulty in urinating. About ten or eleven years ago he had acute inflammation of the left kidney, and was very sick for three or four weeks, but finally recovered and seemed in good health, with the exception of pain in the side in the region of the left kidney, with pain and difficulty in voiding his urine, which always caused him more or less trouble. For the last year or two he was up late nights, and drank a good deal of wine and ale, but not to intoxication; his general health was usually good, up to the time I was called to attend him, April 13th. He then said that he was well, but was getting too corpulent, and had his old difficulty of urinating. His respirations were 30 in a minute, short and difficult; pulse 100, and weak; tongue coated and slimy; bowels normal; skin moist, and clammy; urine small in quantity, and loaded with pus (it reddens litmus paper, and he passes it with difficulty. Tests with heat and nitric acid show no signs of albumen); bowels quite full, pressing up the diaphragm, impeding respiration. By manipulating the abdomen, the boundaries of a tumor could be distinctly traced, commencing under the ribs on the left side, about two inches from the median line, and encircling round to the superior spinous process of the left ilium. In every part of this enlargement or tumor, percussion elicited a dull sound, whether lying on his back or either side, whilst there was a resonant sound in every other part of the abdomen. He complained of slight tenderness on pressure over the tumor, more especially near the location of the left kidney. The center of the tumor was rather more yielding or softer than its edges, but it was so dense that fluctuation could not be detected.

Prescribed an emulsion of carb. ammonia and quinine, with diuretics, and painted the tumor with iodine. A similar course was continued until April 21st, with no improvement, the patient gradually growing weaker. At that time, Prof. N. S. Davis saw him with me. He examined the patient carefully, and concluded that he had some kind of a tumor which might eventually suppurate, and thought it a doubtful if not a hopeless case. He recommended a continuation of the treatment, with some slight alterations, which was followed until the 26th, when respiration became very difficult from pressure on the diaphragm, pulse frequent and weak, with subsultus and delirium. I then determined to explore and ascertain whether there was pus in the tumor, and if so, let it out. In the presence of Dr. N. S. Barnes, who assisted me, I introduced an exploring needle an inch and a half deep, about four inches to the left, and a little above the umbilicus, and obtained pus. We then made a longitudinal opening, and let out four quarts of a very fetid pus of a watery character, containing flocculent particles, such as we find in scrofulous abscesses. After the operation the patient was very low and feeble; but by giving tonics and stimulants freely he began to rally, and in 24 hours was much better. Three or four days after the abscess was opened, the same kind of pus passed the bowels with the feces, and at the same time fecal matter was discovered in the pus which came from the abscess, showing a connection between the colon and abscess. Notwithstanding this complication he continued to improve. The fullness of the abdomen subsided; respiration was normal; pulse slower and more full; and he took tonics, wine, and nourishment freely for four weeks or until June the 4th, when irritative fever commenced, with chills; respiration short and labored; pulse frequent and weak; tongue dry and red; with very little discharge of pus either from the opening or bowels. The same difficulty of urinating continued all the time during his sickness. At times during the day his urine appeared normal, and perhaps in two or three hours it would be load-

ed with pus—proving to my mind that the right kidney was healthy, whilst the left one was destroyed by ulceration; and I gave an opinion to that effect to his wife, two weeks or more before his death, saying that if I was correct, the right kidney would perform the functions of both, and he might possibly recover so far as to be comfortable. From the 4th he sank rapidly, and died on the morning of June 7th.

Post-mortem examination was made eight hours after death by Dr. N. S. Barnes and myself. On examining for the left kidney, we found it entirely destroyed by ulceration, nothing remaining of it but the thickened coats, with the descending colon imbedded in them and the surrounding adipose tissue. In the sac or investing membranes we found about a pint of the same kind of pus which we drew from the abscess with traces of feces which passed from the colon through an opening made by ulceration between it and the cavity of the abscess. Adhesions were formed between the sac and peritoneal membrane, for an inch or more around the opening made into the abscess to evacuate the pus. After the pus was drawn off (4 quarts or more), the walls of the abscess, of course, receded, and the adhesions were elongated two inches or more, preventing the pus or feces from entering the peritoneal cavity, still leaving a communication between the abscess and the external opening as well as with the colon and abscess. The ulceration also extended up the crura of the diaphragm into the cavity of the thorax, causing collapse of the left lung by the admission of air from the external opening. We found there nearly a pint of pus of the same character. The lungs were normal, but in the pericardium there were five or six ounces of serum. The right kidney was enlarged, but otherwise appeared perfectly healthy. The coats of the bladder were thickened and contracted. The spleen, being involved in the abscess, could not be found. The peritoneal membrane and intestines were normal, with the exception of that portion of the descending colon that passes over the left kidney. The liver was also normal in appearance and size.

The history of this case shows that suppuration of one kidney may be so chronic and insidious in its progress that the ordinary symptoms which characterize an abscess of that organ may be entirely wanting. I believe that we may date the commencement of the suppuration, at the time or soon after the attack of acute inflammation, ten or eleven years ago; that when the acute inflammation subsided, it left the disease in a chronic form, which gradually terminated in suppuration. For, shortly after and ever since that time, he passed more or less pus from the bladder, and had pain and tenderness in the location of that kidney. It also proves that a person can live with one sound kidney; for after we opened the abscess he improved steadily until it opened into the thoracic cavity, thereby causing collapse of the left lung by the passage of air into the thoracic cavity from the external opening. After that occurrence he sank rapidly, and died in two or three days.

CASE OF CYSTIC DEGENERATION OF THE KIDNEY.

About twenty years ago I attended a lady in Akron, Ohio, for disease of the left kidney. The case is peculiar, from the fact that two or three times in the twenty-four hours her urine was loaded with albumen, whilst at other times the same day it was normal. After carefully watching the progress of the case for a while, I diagnosed it Bright's disease, or some other organic lesion of the left kidney, with a normal condition of the other, performing the functions of both. At the end of two or three months, no albumen could be detected, and her urine was normal. She finally recovered, and enjoyed good health for four or five years, when she was suddenly taken with acute peritoneal inflammation, and died in four or five days. *Post-mortem* examination revealed the usual appearance of death from peritonitis. There was a pint or more of pus in the peritoneal cavity, with intestinal adhesions, etc. The investing membranes of the left kidney were

normal in size and appearance, but were filled with serum, with no vestige of the kidney remaining. The right kidney was much enlarged, but otherwise healthy.

I relate this case to prove that a person can live and enjoy tolerable health for a long time with one healthy kidney; and my knowledge of the fact assisted me in diagnosing the case of Mr. P.

A CASE OF POISONING BY PRUSSIC ACID.

BY H. WARDNER, M.D., CAIRO, ILL.

On the 25th of May, 1865, I was called to see a Mrs. G——, who was said to have been found alone in her house, "dying in a fit." I first saw her about 8:30, p. m. She was lying on her back upon a pallet on the floor, breathing with difficulty and great labor, and yet with a good deal of regularity; the effort at expiration was more difficult and labored than that of inspiration. There was some frothing at the mouth; the face was flushed, and the veins about the neck and head greatly distended with blood; the eyes were wide open and glaring, the eyelids fixed, the eyeballs were seen to have an oscillating motion, the pupils were about the natural size; the extremities were cold; the pulse was very feeble and much slower than natural; there was entire loss of sensation.

Poison was at once suspected, but no trace of anything indicating its use could be found about the premises. She was previously a healthy woman, and had never been subject to apoplectic, cataleptic, or epileptic symptoms. There was no smell of any drug in the breath of the patient. A stomach pump was obtained, but found to be unserviceable. The patient being too far gone to qe affected by emeties, and not being able to ascertain the cause of her condition, it was determined to treat the case as the symptoms seemed to indicate.

The treatment consisted first of pouring ice cold water from a height of two or three feet upon her head during fifteen or twenty minutes. As this was being done, her breathing gradually became easier. Second, The median vein of the left arm was freely opened, and the blood flowed in a small slow stream, to the amount of four ounces. Third, The head was then surrounded with ice, and hot mustard applications made to the feet and legs, while she inhaled the vapor of ammonia. During the flowing of the blood from the arm some convulsions occurred, which lasted only five minutes. The breathing then became natural. After an interval of ten minutes there was a recurrence of convulsions, but less severe than the first, after which no more occurred. With my mouth close to her ear I called her name in a loud tone of voice, when she gave evidence of hearing and of returning sensation. About half past ten o'clock she could respond to the calling of her name, when I left her.

The next morning when I called to see her, she was able to come to the door, but seemed averse to conversation. I prescribed a cathartic.

Three days afterwards I found her suffering severely with hemorrhoids, to which she had been subject. That evening I was notified to see her at a certain hour, when I would be put in possession of some important facts in the case. At the appointed time, after due cautions, admonitions, and threats, about the secret being kept, she went on to state:

"I have attempted to take my own life and you have prevented me. I have been in much domestic trouble. I am a forsaken wife; I have nothing to live for and no desire to live. I took prussic acid; I got it at a certain drug store, telling them I wanted it to use in preserving the skins of birds for stuffing. The druggist told me one drop would be sure death; it was an ounce vial full; it had a glass stopper which was sealed in the vial. I sent my sister out on an errand, thinking she would be gone until I was dead. I then took an iron wedge, a stout cord, and the vial of poison, and went to the privy; I tied one end of the cord around the wedge and the other around the neck of the vial; I then drew the stopper and threw it into the vault, then lowered the iron wedge through the hole in the seat. I then swallowed the con-

tents of the vial and dropped it where it was carried with the wedge to the bottom of the vault, so that nothing remained to indicate what I had done. I expected to drop down dead at once; I sat down on the seat a moment, and as I did not feel the poison, got up and came into the house. As I entered the back door I staggered, but succeeded in reaching the parlor, when I felt my head go round. That is all I remember until the next day. I took all there was in the vial."

This patient was not long in regaining her usual health, and husband; but on account of subsequent estrangement, she was more successful in a second attempt "to shuffle off this mortal coil," which terminated her life and sorrows, about a year after the first trial.

Supposing the acid used to have been the U. S. preparation, it would have contained two per cent. of the anhydrous acid, an amount equal to the destruction of more than one human life. The case was one of considerable interest to me on account of the large quantity of the poison taken, and the result of the treatment (which was not exactly according to the books), as well as the *sang-froid* with which she went about the business. As cases of poisoning by this agent are not very frequent, I send the above statement, thinking it may be of interest to some of your many readers.

Clinical Reports.

CLINICAL REPORTS OF CASES IN THE MEDICAL WARDS OF MERCY HOSPITAL.

SERVICE OF PROF. N. S. DAVIS.

Case 1. *Cirrhosis and Albumina in the same Patient.*— This patient is a laboring man, formerly a volunteer soldier, aged about 30 years; he was brought into the hospital about five weeks since. He claimed to have been sick only four or five weeks previous to his admission. At that date his countenance was pale and expressive of anxiety; his extremities cool and a little livid; pulse small, weak, and quick; respiration short and hurried; mouth and tongue moist; bowels quiet; urine scanty and high colored; and some dull pain in the back and loins. The feet, legs, and all the dependent parts of the body, were swollen from dropsical or serous infiltration into the subcutaneous areolar tissues. The peritoneal cavity was also so largely distended with serous effusion as to press on the diaphragm and much impede respiration. His abdomen showed marks of two recent tappings, and he stated that he had been tapped three times in as many weeks, the last time only three days before he was brought to the hospital.

The general prostration of the patient, the feebleness of circulation, the extent of the dropsical effusions, and the rapidity of the filling up of the peritoneal cavity after the tappings, appeared to indicate an unfavorable result. So far as could be learned, the symptoms had supervened gradually without any indications of peritonitis or other acute inflammation. The urine, tested by heat and nitric acid, showed a large coagulation of albumen, which would explain the general anasarca, but not the rapid accumulation in the abdominal cavity. This latter plainly indicated some local obstruction to the portal circulation. The results of careful percussion and palpation were such as to make it probable that the liver was smaller than natural, or cirrhased.

The co-existence of albuminuria and cirrhosis in the same patient is not of frequent occurrence, yet it is quite evident that we have both in the case before us. The present indications for treatment were, to counteract the increase of dropsical effusions by increasing the action of the skin and kidneys, and to sustain the strength and nutrition of the patient. For these purposes he was directed the two following prescriptions:

℞ Tinc. Digitalis, ℥ i
Fl. Ext. Lactuca, ℥ ij
Syrup. Prunus Virg., ℥ i
Iodide Potass., ℥ iij
Mix. Take one teaspoonful every six hours.

℞ Spts. Nit. Dulc., ℥ iij
Tinc. Ferri Chlod., ℥ i
Mix. Take one teaspoonful every six hours, alternating it with the other medicine.

He was directed milk, beef tea, and other easily digested food, but no stimulating drinks. As the lower extremities and scrotum, as well as the cavity of the abdomen, were already tense with the dropsical effusion a free incision was made into each ankle to allow the serous fluid to escape. Under this treatment the general anasarca was almost entirely relieved; the extremities became warmer and better color; the pulse more full and less frequent, and his appetite and digestion good. Still the effusion into the peritoneal cavity slowly increased, and three weeks after his admission he became so distressed from interference with respiration that he was tapped and about four gallons of fluid of a milky white color drawn from the abdominal cavity. After the removal of the fluid, a careful examination of the right hypochondrium confirmed the evidences of atrophy or cirrhosis of the liver.

The same internal treatment was continued as before stated, and the patient has continued to improve slowly in his general health and nutrition, but the ascites has returned to such an extent that now, only two weeks after the previous tapping, the abdomen is seen largely distended, tense, and fluctuating on percussion. The respiration is again embarrassed, and the patient urgently desired to have the tapping repeated. This was done by the professor in the presence of the class, and between three and four gallons of water, or whitish serum, drawn off. It was explained that the tapping was a measure of temporary relief only, and that if the diagnosis in reference to the existence of albuminuria and cirrhosis was correct, the prognosis must be positively unfavorable. The tonics, diuretics, diaphoretics, and nourishment, with occasional tapping, might render the patient more comfortable and somewhat prolong life, but could not remove the pathological changes in the kidneys and liver.

Case II. *Paraplegia.*—This patient is a man about 40 years of age; native of Ireland; and has been in the hospital two or three months. He is thin in flesh; pale or anæmic; his eyelids affected with chronic inflammation; tongue clean; respiration and pulse natural; skin rather cool; appetite and digestion moderate; bowels nearly regular once a day; and urine also nearly natural in quantity. But the patient has only partial control over the passage of either urine or feces, and can exert only a very limited motor influence over the lower extremities; merely being able to draw up the feet a little and extend them again, when lying down. The lower extremities are also extremely emaciated and nearly destitute of sensibility, yet subject to frequent spasmodic twitchings.

At the time the patient was first admitted to the hospital, all the parts below the crest of the ilium and the junction of the lumbar vertebra with the sacrum, were completely paralyzed, both in regard to sensation and motion. The feces and urine passed without the knowledge or control of the patient, and the lower extremities were entirely motionless and anæsthetic.

He is a man who has long been addicted to the use of intoxicating drinks, and had been under treatment by some physician for the chronic affection of his eyelids some time before he was attacked with the paraplegia. It was remarked by the lecturer that this case was undoubtedly one arising primarily from morbid nutrition of the lower third of the spinal cord. This class of patients keep up the use of such drinks as interfere with the natural metamorphose of tissue and excretion, especially of the waste carbonaceous matter, and thereby encourage fatty degenerations of structure in various parts of the body. In most cases these structural alterations take place most prominently in the liver and kidneys, as in Case I, just described; but in others the change appears to affect the coats of the vessels in the brain and spinal cord, weakening them by the deposit of fat granules, until in the brain they yield to the pressure of the contained blood permitting extravasation and apoplexy, or hemiplegia. The same process in the spinal cord would result in the production of various morbid sensations and weakness of the lower extremities, and when the extravasation takes place, more or less complete paraplegia. The prognosis in such cases was stated to be decidedly

unfavorable. Under the influence of proper nourishment, good air, and the judicious use of tonics (not exhilarants), they will often slowly improve, until, as in this case, they regain some sensibility and a very limited power of motion in the paralyzed parts. At that point the improvement usually ceases, and the patients remain apparently almost stationary for weeks and months; but in truth the nervous centers involved are undergoing atrophy, or softening from defective nutrition, and eventually the patients die from asthenia.

This patient has been taking a combination of citrate of iron, quinine, and extract of nux vomica during most of the time that he has been in the hospital. When the spasmodic twitchings have been troublesome and his nights restless, he has had from 15 to 20 grs. of either bromide of potass. or of hydrate of chloral at bedtime. His diet has been plain and nutritious; and constant attention given to cleanliness and proper ventilation. Close attention to the hygienic management of such patients is of the highest importance; otherwise their imperfect control over their evacuations will keep the bed foul, the air of the room impure, and speedily induce large and tormenting sloughs or bed sores on the hips and sacrum, and materially hasten the final exhaustion of the patient.

Society Reports.

CANADIAN MEDICAL ASSOCIATION.

The fifth annual meeting of this association opened in Montreal, on Wednesday, the 11th of September, in the building of the Natural History Society. The attendance of members from the Province of Quebec was fair, but the other Provinces of the Dominion were sparingly represented.

A letter was read from the President of the association, (Dr. Sewell, of Quebec,) stating that up to the last moment he was in hopes of getting away, but that the critical condition of one of his patients made it impossible for him to leave.

Dr. C. C. Hamilton, Vice-President for Nova Scotia, was called upon to preside, and Dr. McNab, from New Hampshire, was requested to take a seat upon the platform.

The first order of business was the President's address, which was read by Dr. Marsden, of Quebec, an able and interesting essay which was ordered to be printed in the transactions of the society.

A considerable portion of the time of the association was taken up in the discussion of the proposed Medical Bill, the object of which was to render the system of medical education, medical examinations, and registrations uniform throughout all the Provinces of the Dominion. The editors of the *Canada Medical Record*, in commenting on the proceedings of the society, give the following resume of the discussion :

When the time for the consideration of the Bill came round, an attempt was made to at once abandon the Bill, and thus prevent the time of the association being occupied by its discussion. At Ottawa a large representation from the Province of Ontario fully expressed themselves upon the Bill ; for instance striking out the Branch Councils and substituting one large Central Examining Board. At Quebec, owing to the amendments which had been made at Ottawa not having been translated into French and embodied in the Bill, its discussion was postponed till the present meeting in Montreal, so that, to say the very least, the association was bound, in all fairness to those gentlemen who had labored so arduously upon the Bill Committee, to give time for an expression of opinion by the members in the Province of Quebec.

The resolution to abandon the Bill was lost, and the meeting at once entered upon its discussion. The French speaking members of the association freely stated their opinion, which was that, while approving of much in the Bill, they were opposed to handing over medical legislation to the Federal Government. A resolution to that effect was proposed by Dr. Rottot, an influential representative of our French Canadian brethren, and although it was lost by a small majority, still the expression of opinion was so universal and decided, that when the association met

the following morning, Dr. Howard, Chairman of the Committee who had charge of the Bill, asked leave to withdraw it. To this the association would not consent, but, by unanimous agreement, its discussion was postponed for two years, the Bill still remaining in the hands of the same Committee.

While we regret that the result is as stated, we cannot express surprise, for all must have seen that, with the French element opposed to the Bill, it was an impossibility to carry it through the Parliament of the Province of Quebec. This being the case, its abandonment, for the present at all events, was a necessity; still it would have been a great pity to have been forced to do so, without having given an opportunity to that section of our medical population who, up to the present meeting, have had no fair means of thoroughly understanding the proposed Act. The discussion was conducted with the best of taste and with the utmost good feeling, and we trust that, though the French and English members of the profession differ at the present moment, upon this subject, the time is coming when such will not be the case—when the entire profession of the Province will unite hand in hand, and press the measure to a successful termination. Our own opinion is that it only requires time to convince all of the desirability of a Dominion Act. The universality of medicine shows that those who practice it should not be confined by Provincial boundaries. The barriers which now surround each Province can only be removed by mutual concessions, and, in breaking these down, we hope the Province of Quebec will eventually take a prominent part. The object to be obtained—the right of all Canadian graduates to practice from the Atlantic to the Pacific—is one well worth sacrificing minor details for; that all will see this before long we feel convinced.

No inconsiderable portion of the meeting was, however, occupied by purely scientific papers and discussion, which gave to the present gathering an interest and a character which none of the preceding conventions have possessed. In this respect, several members of the profession in Montreal set a good example in having papers prepared, which we have reason to believe will bear good fruit next year. The last session of the association, held on the Friday afternoon, is admitted to have been exceedingly interesting, in a professional point of view, and its action in requesting addresses upon certain subjects at the next meeting from prominent members of the profession—in this respect following the plan of the British Medical Association—will cause all to look forward with much pleasure to the Sixth Annual Convention, which takes place at St. John, New Brunswick, on the first Wednesday in August. Altogether, we consider that the association has taken a new lease of life, and that the plans proposed, to give interest and *eclat* to its future meetings are such as must succeed, and we now call upon the profession to give it their cordial support.

CHICAGO MEDICAL SOCIETY.

After the reading of the minutes of the previous meeting, Dr. Millard, the essayist, being called, presented a paper on Pulmonary Tuberculosis. Briefly reviewing the literature on the subject, the author called attention to the importance of recognizing the condition of the system which preceded the development of active morbid phenomena; and then, alluding to the various views that have been in vogue from time to time concerning the intimate nature of the primary deviation from health which occasioned or constituted the diathesis, he revived the idea that pulmonary consumption was intimately connected with, or dependent upon, a too rapid oxidation of the tissues. This was the central idea of the paper; and the greater part of its volume was formed by arguments adduced in its support. The author did not attempt to go further back, and explain the cause of the absorption of an undue quantity of oxygen; or the condition of system which preceded this manifestation. In his remarks on treatment, which were very brief, cod liver oil and iron were highly spoken of, but no allusion was made to such agents or measures as might be useful in diminishing the supply of the pernicious gas.

In the discussion that ensued, Dr. N. S. Davis, after alluding to the mortality of the disease, and to the observations of Prof. E. Andrews concerning the extent of its prevalence compared with other constitutional disorders, said that he had never regarded a narrow chest, or a chest encroached upon by tumors or spinal curvature, as rendering the individual peculiarly exempt from tuberculosis. He had yet to learn that a moist atmosphere, in which the proportion of oxygen was diminished, or imperfect ventilation, retarded the progress of the disorder. He had, on the contrary, been in the habit of advising consumptives to practice forcible inspirations; to exercise in such a manner as would promote expansion of the chest; to secure good ventilation; and to remove to parts in which the air was dry, and anything but deficient in oxygen. He thought tuberculosis had several modes of origin. The child of consumptive parents is peculiarly susceptible to the action of disturbing influences; there is in it an abnormal irritability of tissue which render it peculiarly alive to the action of the most trifling stimuli, natural as well as artificial. The circulation of such a child is excited; its pulse quick and frequent; its temperature unnaturally high; and it is acutely alive to atmospheric vicissitudes. Such individuals are necessarily prone to disease; and especially that of an inflammatory nature; and the inflammation is characterized by the abnormal multiplication of young or imperfectly formed cells. In such orgamsms, normal stimuli call forth exaggerated or perverted action; and the natural consequence is perverted nutrition. The tissues are morbidly impressed by the elements of the blood proper for their repair, and imperfectly assimilate them; while elements of a lower grade of vitality or of a less stimulant quality may be appropriated. Imperfect disintegration of tissues would result in essentially the same condition: particles imperfectly organized would be retained as constituents of living tissues, which in a condition of perfect health are further charged and excreted. Again, consumption not unfrequently occurs in individuals who have not inherited any tendency to it.

The Nails in Diagnosis of Paralysis.—Dr. S. Wier Mitchell, *Philadelphia Medical Times*, says that in cerebral palsies, whether from clot or embolus, there is an entire cessation of nail growth on the palsied side. Usually, when they begin to grow again, it is a sign that the power of movement will also improve in a few days. The rate of growth slowly increases, but it generally requires four or five months for such nails to produce an entire length from matrix to free edge. To study the change, I stain the nails of both sides with nitrate of silver or nitric acid. Staining is not, however, essential, except for comparison, because the line of arrested growth is marked by a deep groove, which for months may be seen as it passes down the nail, so that when accustomed to the rate of growths, the place of this furrow will enable an observer to guess pretty well at the date of the attack of paralysis. The palsy need not be complete to cause this arrest. It is found in cases involving either cerebral-motor palsy or sensori-motor paralysis, but, as yet, I do not know whether or not in the rare cases of pure sensorial palsies of cerebral origin it also exists, nor as yet have I any experience which enables me to say whether or not, in sudden spinal palsies, there is complete cessation of nail growth.

It seems to me possible that the nail growth may not be altered in the same degree by lesions of the cerebrum, cerebellum, pons, and corpus striatum; and I have some observations which appear to point hopefully to these facts of nail growth as a future means of aiding us to tell what parts of the brain have been attacked. Very recently one distinct, and, as I believe, most valuable practical contribution to diagnosis has come out of my observations. It is briefly this: In all sudden cerebral palsies, the nails cease to grow. In hysterical palsies of one limb, or of both, whether paraplegic or hemiplegic, the rate of nail growth is unaltered.—*Med. Record.*

Chloral as a Topical Application in Eczema.—A correspondent of the *Boston Med. and Surg. Journal* states that during the past year he has used in several cases of chronic eczema, with much satisfaction to his patients and himself, a solution of the hydrate of chloral as a topical remedy, in the proportion of one or two drachms to a pint of water, applied two or three times a day.—*Ibid.*

Death of Louis.—The celebrated French physician Louis has lately died, at the age of eighty-six.

THE

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EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, October 1st, 1872.

EDITORIAL.

OPENING OF THE MEDICAL COLLEGES.

The Chicago Medical College opened its regular annual course of instruction for 1872–3, on Tuesday evening, October 1st, in the amphitheatre of the College. The room was well filled with an audience of students and citizens.

The introductory lecture was given by Prof. D. T. Nelson, who made use of the occasion to give a very interesting review of the subject of bioplasm, or the nature and origin of germinal matter. The term opened with a decided increase in the number of students over previous years, and with important additional facilities for instruction, both clinical and didactic.

Rush Medical College.—This institution commenced its annual session on Wednesday evening, October 2d, in the lecture room of the temporary college building on 18th street. The introductory lecture was given by Prof. J. A. Allen.

How the present class compares in numbers with former classes we have not learned.

The Woman's Hospital Medical College commenced its session a few days earlier than either of the others.

The opening lecture was given by Prof. Mary H. Thompson. The class of ladies in attendance is small. This College and Hospital is now permanently located in the western border of the city, at the corner of West Adams and Paulina streets, and is worthy of the patronage of such ladies as are determined to educate themselves for the profession of medicine.

It will be seen that, though the great fire of October 9, 1871, has resulted in changing the location of some of our colleges, it has neither extinguished nor seriously crippled any of them; and Chicago to-day, with its numerous and well manned hospitals and dispensaries, affords as complete and well arranged facilities for medical students to acquire a thorough knowledge of every department of medical science and art, as any city in our country.

Gleanings from Our Exchanges.

A CASE OF HYDROCELE, WITH CARTHLAGINOUS THICKENING OF THE TUNICA VAGINALIS.

BY S. E. MUNFORD, PRINCETON, IND.

Mr. T., age 54, received a kick from a horse fifteen years ago, there resulting a slight contusion of the scrotum and left testicle. Some swelling followed, which continued for two years and disappeared. Soon, however, the scrotum began enlarging again, and in a few years there was a tumor of such size and weight as to prove a source of great inconvenience. About this time he consulted a surgeon, who told him there was malignant disease of the testicle, and that nothing save castration would relieve him. The proportions of the remedy were greater than he felt willing to submit to, and as a consequence, did nothing for a few years more. The tumor in the meanwhile had been growing, and when I saw him in February, 1871, it was evident from his failing health that definite action in the case could be no longer delayed.

On the 11th of February, Dr. West, his family physician, and myself, visited him, for the purpose of determining, if possible, the nature of the trouble, and deciding upon a plan of treatment. Mr. T. is a man of large frame, being six feet two inches high, and weighing, when in health, two hundred and twenty-five pounds.

We found the tumor twelve and one-half inches in length, and at the largest part, which was a little above the middle, twenty-four inches in circumference. The skin over a small portion of the anterior and upper surface was smooth and elastic, elsewhere it was slightly wrinkled. The general surface of the swelling was irregular, being in some places distinctly nodular, and to the touch gave a sensation of solidity, save over the portion having the tense, smooth skin, which

gave the slightest sensation of fluctuation. A careful examination in a darkened room showed no translucency. The penis was entirely submerged, its investing skin being drawn into the scrotum.

Dr. Patten, of Princeton, saw the case with us the following day. An exploring trocar was introduced, and this revealing the presence of fluid, a large flat trocar and cannula were pushed into the tumor at its middle and anterior surface. Two quarts and eight ounces of a dark brown fluid were drawn off. In passing the trocar, it was discovered that the vaginal tunic was cartilaginous and much thickened. So great was this thickening, the walls could not be sufficiently compressed to completely evacuate the fluid, and we were satisfied a considerable quantity remained after our manipulations.

The second day from the tapping, the sack began filling again, and on the fourth was apparently as large as ever. Introduced the trocar and cannula again, fully expecting to find as large a quantity of fluid as on the first occasion. It measured, however, but thirty ounces, was tolerably clear, and on standing a few moments was filled with flakes of lymph. This we accepted as evidence of an acute inflammation of the serous lining, and gave him for a few days such antiphlogistic treatment as we thought necessary to modify the inflammatory action. After a certain reduction in size had taken place, and all the febrile symptoms had subsided, the tumor became stationary.

Thinking it depended upon fluid, the trocar was again introduced, and notwithstanding the cannula was pushed to its shoulder, not one drop of fluid came away. It was apparent from this that the fluid had been wholly absorbed, and that only the dense fascia and thickened sack were to be disposed of by a process of absorption. The measurements at this time were: length, nine inches, circumference, seventeen and one-half inches. Emollient applications were made, and the enlarged veins of the scrotum opened every morning for several days in succession. As soon as it was found the tumor was softening, it was bound up by means of strips of heavy moleskin plaster, so as to compress it equally at every point. Happily the absorbents began their work again, and in six months from the first tapping the cure was in every way complete.

A few points in the case suggested this report:

1st. The quantity of fluid as being much beyond the average for this climate, and the size of the tumor as being altogether out of proportion to its contents.

2d. The cure as having followed only palliative treatment, contrary to what might have been expected in a case of such long standing and having such marked structural changes.

3d. The difficulties involved in diagnosis. There was a departure in several essential ways from ordinary hydrocele. Instead of a tumor that was smooth, elastic, oval, or pyriform, fluctuating and transparent, the skin, with the exception of a small surface, was rugous, the tumor to the touch had a sensation of solidity, was irregular or nodular, fluctuating indistinctly at one part only, and perfectly opaque.

In all cases of long standing in which there is thickening of the sack, this difficulty will be encountered. The point is to distinguish between hydrocele and malignant disease of the testicle, and nothing save an exploratory puncture by a delicate trocar or grooved needle, will decide as between them. Even if disease of the testicle exists, the wound of so delicate an instrument can do no harm. A surgeon, well known in a large section of country as having distinguished ability, pronounced this case encephaloid of the testicle. Curling, in his work on Diseases of the Testes, relates a case occurring in his practice that he was unable to decide, until his patient having died of disease of the chest, a *post-mortem* examination revealed an old hydrocele with cartilaginous thickening of the tunic. He also relates a case, having undergone the same textural changes, occurring with Dupuytren. It had all the features of scirrhous disease, was unaccompanied with any sign indicative of hydrocele, and this distinguished surgeon was only able to decide after having made an exploring puncture.—*Trans. Ind. State Med. Soc.*

Tincture of Calabar Bean.— By R. Rother.—Eserine, the alkaloid, is the active principle of calabar bean. The leguminous seed contains it closely enveloped within its substance, the bulk of which is starch and legumin or vegetable casein. The alkaloid occurs in nature partially combined as a salt. Alcohol, strong or dilute, extracts the virtue of the bean, but water alone effects this less completely. When treated with strong alcohol the substance must be in a very fine powder, and requires a preliminary digestion with the menstruum before proceeding with the percolation, otherwise the exhaustion will not be perfectly attained. The original solid material is impervious to strong alcohol, and since the solvent effect of this depends upon surface action mainly, hence a coarse powder

is wholly inapplicable for the purpose of extraction with this liquid. The pulverization of calabar bean is rather difficult in a small way, on account of its hardness and peculiar structure, and, moreover, great care must be exercised in the operation to avoid dusting, by reason of the poisonous character of the drug; consequently, a process which admits the application of a coarse powder together with a weaker alcohol, would be much more desirable than the method in present use.

The employment of acetic acid as part of the menstruum, results in the conversion of the alkaloid into soluble acetate; but a weak alcohol directly applied to a coarse powder does not appear to act favorably; the soluble legumin and the unchanged starch interfere with the process.

Water swells the material, dissolving the legumin, and if the mixture is allowed to stand in a warm place for a few days it will become putrid. If, however, a small quantity of acetic acid be first added, the legumin will not dissolve, but shortly the vinous fermentation will begin, resulting in the copious evolution of carbonic acid, the disappearance of the starch and total disintegration of the original structure. By this change the alkaloid is exposed and easily and completely extracted by the acetic acid. After a few days, and rather before the end of the vinous fermentation, an equal volume of strong alcohol is added to the mixture and the maceration continued several days. It now becomes necessary to separate the liquid from the insoluble residue and complete the exhaustion. The process is therefore finished by percolation. For this purpose it becomes necessary, which indeed is a decided advantage in all percolations, to produce a solid substratum of coarse powder. Such is effected in this case by pouring part of the mixture upon a muslin strainer, separating the liquid by pressure and forming a solid layer several inches high in the bottom of the percolator with the residual remnant on the strainer. Upon this foundation the remaining mixture is poured, together with the strained liquid, and then followed by a mixture composed of equal measures of strong alcohol and water until the required volume of percolate has passed. The preparation has a deep amber tint.

The tincture should conform in the proportion of the solid material with most other tinctures, and therefore contain two troy ounces of the bean to the pint of finished product.

The process is as follows:

℞ Calabar Bean, No. 50 powder,	16 ℥ tr.
Acetic Acid,	½ fl ℥
Strong Alcohol,	
Water,	aa sufficient.

Mix the acid with three pints of water; pour this upon the powder and set the mixture aside for a few days in a warm place. Then add to it three pints of strong alcohol and macerate it for a few days longer. After this pour part of the mixture upon a muslin strainer; press the liquid out, and pack the residue of the strainer firmly into a cylindrical glass percolator having a broad base; pour on to this foundation the rest of the mixture together with the strained liquid, and then a mixture of equal parts of strong alcohol and water, until eight pints of percolate has passed.—*The Pharmacist.*

A Fatal Case of Hysteria.—It is but rarely that an opportunity is offered for an examination of the *post-mortem* appearances of the organs of persons who have suffered from this affection, and we therefore transcribe the notes of a case published in the *Brit. Med. Jour.* of July 6th. About three o'clock p. m. of October 11th, 1870, Dr. R. W. Foss, of Stockton-on-Tees, was called to see a young lady, aged nineteen, who had been having convulsions all day. At the time of the visit she was perfectly conscious, throwing her arms and legs about, laughing and crying alternately, in fact, having hysterical convulsions. She complained of pain in the right side of her head, also of the *globus hystericus* rising up from her abdomen to the right side of her chest, where it stopped. Her chest gave negative physical signs; pulse about 80, and small. She stated that she had been having leucorrhœa with much offensive discharge for the last fourteen months, and within that time had had these hysterical attacks. All of this time she had been under medical care. Her father stated that all the physicians who had seen her had said that she was simply suffering from hysteria with leucorrhœa, and that in time she would be well again. The same opinion was expressed by Dr. Foss, who believed that it was a case for moral more than for medical treatment. Within three hours from Dr. Foss's visit she was dead, and at the desire of her father a *post-mortem* examination was held, with the following results:

The lungs were normal, except some hypostatic congestion at their bases, and the presence of some frothy mucus in the bronchial tubes. The heart was pale and rather flabby, the apex of the right ventricle containing a small clot; the other cavities were empty. The liver seemed rather larger than normal, but appeared healthy on section. No disease

discovered in the kidneys or supra-renal capsules. The contents of the cranium appeared perfectly natural. The base of the uterus was congested, and its walls were thicker than usual. The mucous membrane lining its interior was covered with a thick glassy mucus, like white of egg, which was also exuding from the os. The left ovary was about the usual size, and, on section, presented a honeycombed appearance, consisting of numerous little cavities filled with gelatinous matter, constituting what is called "colloid tumor of the ovary." The right ovary was the size of a large walnut, and, on section, was seen to consist of one large parent cyst containing many smaller ones springing from its internal surface. There was nothing here to account for so sudden a death, and the only hypothesis offered was, considering the condition of the heart, that death was caused by syncope.

A nearly similar case is reported to have occurred in 1868 at the Royal Infirmary in Edinburgh, in the person of a strong, well-developed woman, between 20 and 30 years of age, in which, on *post-mortem* examination, none of the organs were found to be diseased.—*Med. Record.*

Diphtheritic Albuminuria.—R. Browning, L. R. C. P. L., in the *British Medical Journal*, says: From what I have lately witnessed while watching two local epidemics of diphtheria, I am disposed to consider that albuminuria is present in nearly all cases. That its appearance is usually about the end of the first week after the diphtheritic membrane is developed, though sometimes earlier more rarely later. Co-existently with its appearance, there is a notable diminution of the quantity of urine, and an increased excretion of urea; whilst lithates generally, tube casts, both granular and waxy frequently, blood corpuscles not seldom, and pus globules occasionally, are found on examination of what is secreted. The urinary specific gravity mostly averages 1016, and the temperature of the body is, as a rule, 100.4 to 102 degrees.

The gravity of the prognosis increases in an equal ratio with the quantity of albumen existing in the urine, independently of the amount of throat affection or kidney disorganization, and an early or late discovery of albumen is of serious import. The local mischief attacking the pharynx, larynx, or other structures, and paralysis subsequently occurring, are entirely the result and symptomatic of a morbid poison affecting the general system, just as the sore throat of syphilis is the sequence of a blood disease previously contracted. Albuminuria, in any quantity, is due to obstruction of circulation through the kidneys, caused by congestion of the malpighian tufts, this congestion being produced by paralysis of the nerves supplied to them; but a mere trace only of albumen arises either from pus or else blood which has casually entered the volume of urine. The indication of treatment is to remove this obstruction by overcoming the paralysis; and this is best accomplished by local Faradization. Seven cases are reported in detail, two of which terminated fatally. In these two no Faradization was employed. The other five, which were all of a very serious nature, recovered after Faradization was resorted to. All were marked by unmistakable evidence of blood poisoning and albuminuria, with more or less suppression of urine. The treatment of all was conducted on the same principles, plus or minus the induction coil; the object aimed at being at first, during the premonitory symptoms, to regulate the secretions, and then to support the strength of the system in every possible way. My sheet anchor was the tincture of perchloride of iron, sometimes combined with glycerine, sometimes with chlorate of potash, and sometimes given *per se*. Stimulants and nourishment in every variety were supplied with no sparing hand. The customary topical medication was of course attended to. In some instances, the ordinary conductors fitted to most galvanized batteries; in others "Etna's" were employed. Faradism was thus employed over the lumbar regions along the lower part of the spine, and as nearly as possible in the direction of the ureters.—*Detroit Review.*

Cases of Double Ovariotomy.—Prof. T. Gaillard Thomas, M. D., New York (*American Practitioner*, July, 1872), reports three successful cases of double ovariotomy, which were performed in the Strangers' Hospital of this city, after an experience of twenty-seven operations of ovariotomy—fourteen of which have already appeared in print. The remaining thirteen are being prepared for publication.

Incontinence of Urine in Children.—Holmes Coote recommends for this intractable affection the administration of creasote in one-minim doses, three times daily, combined with asafœtida and rhubarb pill, of each two grains.

Tracheotomy.—Dr. P. Landi reports a successful case of tracheotomy for the extraction of a first molar tooth, lodged for twenty-four hours in the left bronchus of a child seven years of age; the tooth having escaped from the forceps at the moment of extraction.—*Med. Record.*

Veratrum Viride as a Hemostatic.—Dr. J. W. Collins, in the *American Practitioner*, says of veratrum viride, that he esteems it the promptest as well as the most reliable of all our means for controlling both active and passive hemorrhage. A case of hemoptysis which had resisted all the usual remedies, yielded almost at once to five drops of Norwood's tincture given every hour for six hours. A case of aneurism of the subclavian artery, involving all the second portion, and probably the first also, was so much benefited by this remedy that at the end of ten days the patient considered himself cured, and imprudently quit visiting the doctor. At the end of two weeks he returned with most of the symptoms as well marked as at first. He was put upon the same treatment, five drops, increasing one drop every three hours, until the full sedative effect was produced. This was continued for fifteen days, the last six days merely to make sure of a cure, for the tumor, with all the attending symptoms, had disappeared, the radial pulse had become normal, and the natural temperature of the extremity restored. At the end of twelve months when seen again, he was perfectly well. In epistaxis veratrum was uniformly successful, so also in menorrhagia. It arrested hemorrhage in two cases of carcinoma; saved the life of a patient where secondary hemorrhage took place after amputation of the cervix uteri; arrested secondary hemorrhage following amputation of the thigh.—*Detroit Review.*

Epithelioma Cured by Creasote.—Dr. Forne reports, in the *Montpellier Medical*, a case of epithelioma of the upper lip of about four centimeters in diameter, cured by the topical application of creasote. The treatment was commenced by dipping a brush in pure creasote, and having removed any that might drop, the whole surface of the ulcer was lightly but firmly touched with the brush, a certain degree of pressure being used, and the brush retained on the same point a few seconds, so as to insure a thorough application. A piece of lint moistened in a gummy solution of creasote was then laid upon the ulcer. The application caused but slight pain. Three days subsequently it was found that the ulcer had not increased. The application was repeated in the same manner, and five times afterwards, at about the same interval. Cicatrization then commenced, and proceeded rapidly, being favored by a dressing of thin paper moistened with a solution of creasote. Entire recovery took place about six weeks after the treatment was commenced.—*Med. and Surgical Reporter.*

Treatment of Ulcers of the Leg.—Mr. W. E. C. Nourse, of Brighton, reports in the *British Medical Journal*, that he has treated nearly five hundred cases of ulcerated legs during the last thirteen years, and that the results of his treatment have been neither unsatisfactory nor disheartening, having met with only ten or fifteen failures out of the whole number. The plan of treatment has been the application of uniform pressure, with strappings, bandages, etc.; the sparing use of stimulating ointments or lotions to the ulcers, and of internal medicines, and the unsparing use of pains and trouble to do the work properly; the non-disturbance of the healing process by frequent dressings, the wounds being uncovered only once, or at most twice a week; the recognition of a low vitality as a common cause in most of these cases, involving more or less destruction of tissues, and the consequent avoidance of mercury, strong or frequent cathartics, and all forms of depressing medicines, and the allowing to the patient his ordinary diet and mode of living, cutting off only whatever seemed excessive or positively injurious, and the removal from the limb of all ligatures or anything likely to obstruct the circulation, also of irritant or injurious applications.—*Medical Times.*

A Diagnostic Sign of Extra Capsular Fracture of the Neck of the Femur.—In a recent monograph upon the subject, M. Jaukergnsitel arrives at the following conclusions:

1. Increase in the size of the great trochanter is an accurate and constant sign of extra capsular fracture of the neck of the femur.

2. The presence of this sign once ascertained enables the surgeon to dispense with all those manipulations, often dangerous, always painful, which are necessary to determine crepitation or abnormal mobility.

3. The study of the sign alluded to permits accuracy of diagnosis, without rendering the prognosis more grave, or without compromising a case.—*Boston Medical and Surgical Journal.*

Sal Ammoniac in Dropsy—Spencer Thomson, M.D., Ashton, Torquay, finds the hydrochlorate of ammonia one of the most efficient of remedies in cases of portal dropsy, prescribed in scruple or half-drachm doses, given tolerably diluted, every six or eight hours. The recent accounts of the success attending the employment of this remedy in hepatic affections in India, he hopes will lead to its more extensive use in England.—*The Clinic.*

A Mode of Operating for Radical Cure of Varicocele.—Dr. H. B. Davison, San Francisco (*Pacific Med. and Surg. Journal*), has adopted a new mode of operating for the radical cure of varicocele, for which he claims three great advantages over any other means:

First, by perforating only one wall of the scrotum, less pain, less inflammation, and less risk of adhesion of the wounded sac and spermatic cord.

Second, by placing the patient in a recumbent posture when the operation is being performed, so that no blood may be enclosed in that portion of the vein cut off from the circulation, the resultant inflammation will be much less and the testicle will not swell so much, and absorption will be accomplished in much less time.

Third, by removing the ligature before it cuts through the vein, the risk of phlebitis is lessened, and the patient is enabled to resume his ordinary duties much sooner.

Those who have been operated on have no return of the disease, and it would require a very close examination of the parts to discover that any operation had been performed. In one case the patient had been wearing a suspensory bandage for over twenty years, and the left testicle was much atrophied. It is now about sixteen months since the operation, and the testicle has regained its normal size, and the patient has a corresponding increase of sexual power.—*Ibid.*

The Philadelphia Times.—The third year of this standard journal inaugurates a change in its issue which will be received with pleasure by its subscribers. It ceases to be a bi-monthly, and becomes a weekly.

By this change they will be enabled to give their readers a constantly fresh *resume* of the current news of the profession. To meet the increased expense involved, the price is raised to $5.00. Saturday is the weekly publication day.—*The Clinic.*

Operation for Internal Strangulated Hernia.—Prof. G. Maraeacci, of Florence, performed gastrotomy in October last, on a young man for the relief of a hernia caused by excessive vomiting. The protrusion occurred in the right iliac region, about three inches above the crural arch, and eight or ten inches from the pubes. Ten days following the operation the patient was able to walk, and was discharged cured at the end of a month.—*Lo Sperimentale.—Med. Record.*

Small-Pox in Vienna.—The epidemic continues to spread. The number of patients averages 100; the daily mortality 12, among whom many are adults.—*Wien. Med. Presse.*

The Intra-Venous Injection of Chloral.—The following are the conclusions of a series of articles lately running through the Paris press, with detailed experiments, etc., on the action of chloral by intra-venous injection: By M. Ore, Surgeon to the hospital St. Andre.

1. The injection of chloral into the veins is attended by effects much more rapid and always more durable than is obtained by introduction of this agent into the digestive passages.

2. Chloral injected into the veins in combat of the tetanic phenomenon caused by strychnia, neutralizes the action of this alkaloid to that degree as to render it nil.

3. I am justified, then, in considering chloral as the antidote to strychnia.

4. As the last experiments mentioned prove that chloral injected into the veins checks the so rapidly fatal effects of strychnia when introduced directly into the veins or administered hypodermically, it is probable that chloral is a remedy of curative efficacy in the treatment of tetanus.

5. I do not hesitate to think that the employment of this agent, according to our method, will give the same results in the treatment of convulsive affections, even of hydrophobia. I have already commenced, to settle this point, some experiments which I will communicate to the society at a later date.

6. This method of medicated injections into the veins is absolutely innocuous.—*Gaz. des Hop.*, Sept. 7, '72.

An Ointment for Neuralgia.—Dr. J. Knox Hodge recommends the following as an application which will relieve facial or any other neuralgia almost instantaneously. He advises his friends to "send around to the druggist's and try a bottle."

℞—Albumen of egg, ℥ j.
Rhigolene, ℥ iv.
Oil of peppermint, ℥ ij.
Collodion,
Chloroform, aa ℥ j.—M.

Agitate occasionally for 24 hours, and by gelatinization a beautiful semi-solidified opodeldoc-looking compound results, which will retain its consistency and hold the ingredients intimately blended for months.

In the above we find a local agent of signal potency in all neuralgic affections, and for the relief of pain generally.

Apply by smart friction with the hand, or gently with a soft brush or mop along the course of the nerve involved.—*Georgia Companion*, Aug., '72.

Excision of the Left Scapula. — Samuel Logan, M. D., New Orleans, La. (*Richmond and Louisville Med. Journal*, August, 1872), publishes a case of excision of the left scapula subsequently to resection of the head of the humerus of the same side. He is agreeably surprised at the degree of usefulness of the extremity after such an extensive removal of bone. The patient, male, aged 33 years, during convalescence from small-pox received severe blows on his shoulders, and shortly after began to suffer pain in the left scapulo-humeral joint, followed by caries of the head of the humerus and body of the scapula.

Three months after the operation the wound had almost entirely healed, with the following use of the limb: He could lift readily any moderately heavy article; could pull perpendicularly (lifting) 26 pounds, horizontally, 26½ pounds; by simply flexing the forearm (and not lifting with the body) he could raise 14 pounds; could place his hand on either ear or shoulder, but not on back of the neck, and pass his hand over the whole of his forehead and face; he could not carry his hand behind his back, but could readily bring it so as to sweep over the whole chest and face. The cavity left by the operation was filled almost to the level of the surrounding parts with a somewhat hard mass of new deposit.

A Floating Hospital for Chest Diseases.—To our numerous land hospitals low down on the sea coast and high up in the mountains, is to be added now a new institution with very many advantages, but with the single disadvantage of being only for the benefit of the rich. Dr. V. Wallendorf establishes a hospital for chest diseases this winter on a screw propeller, which is to journey out late in the fall from Cuxhaven beyond Gibraltar and along the coast to Malta, if the weather is fair, and to return again in the beginning of April. The vessel is to be specially prepared for its purpose, is to have a competent physician on board, and the patients are to be allowed to make land sorties as long as possible in several stations of mild climate.— *Wien. Med. Presse*, Sept. 1, '72.

Singular Case of Hemorrhage from the Bowels. — A rare and important case is reported in the *Bulletin de Therapeutique*, June 30, which throws light on some hitherto inexplicable cases of sudden death from intestinal hemorrhage. A man, 74 years of age, had enjoyed good health, except a tendency to constipation. One night he was taken with intestinal hemorrhage, and died in a few hours. Only twice, and that about a month before, had he had slight attacks of a similar character.

A careful autopsy disclosed the only lesion to be *erectile tumor*, the size of an almond, in the mucous coat of the duodenum. It was composed merely of an enlargement of the capillary vessels of the part, or so-called angioma. A slight ulceration at its edge had given rise to the hemorrhage which destroyed life.—*Med. and Surg. Reporter.*

Ingrowing Toe-Nail. — Dr. Finch writes to the *British Medical Journal*:—

Neither of the cutting operations is at all necessary for the complete and rapid cure of ingrowing toe-nail. If a small, thin, flat piece of silver plate be bent at one edge into a slight, deep groove, and, after the toe has been poulticed twenty-four hours, slipped beneath the edge of the nail, so as to protect the flesh from its pressure, and the rest of the plate bent round the side and front of the toe, being kept in position with a small portion of resin plaster passed round the toe, a speedy and almost painless cure will take place; and the patient, after the first day, has the additional advantage of being able to walk. I have followed this method in numerous cases with uniform success.—*Ibid.*

Vaccination a Proof Against Small-Pox.—James F. Weeds, Surgeon U. S. Army, in a valuable paper on "Vaccination," etc., firmly believes, with a majority of the profession, that vaccination and re-vaccination properly performed, renders complete protection against small-pox, and that wherever the disease exists, it is in consequence of this operation having been insufficiently and improperly performed. Epidemics of small-pox find their victims among the unvaccinated, and the imperfectly and insufficiently vaccinated. Wipe out these classes, and at the same time epidemic small-pox will be wiped out. The fault is not in the defective power of vaccination, but in the imperfect and incomplete manner in which it is used. — *The Medical Record.*

Muscle as a Constituent of Nerve-Tissue. — Tigri has shown the presence of muscular fibers among the nerve-fibers of the cerebro-spinal nerves, and the ganglia of the sympathetic. When an irritation is applied, contraction is caused, and the liquid contents of the nerve-fibers are caused to vibrate, and the motion is conveyed thus centripetally or centrifugally. In reference to these anatomical and physiological peculiarities, he calls the ganglia of the sympatheticus magnus, as well as the large ganglia of the brain, "nerve hearts." He considers that the so-called Remak's nerve-fibers are muscular fibers. — *N. Y. Med. Jour.*

Blisters in Pneumonia.—Dr. C. J. B. Williams, in speaking of pneumonia, says: "My experience has taught me to put great faith in large blisters, both in asthenic pneumonia and bronchitis, and I am confident that I have seen many lives saved by their means. Instead of being lowering, they give a salutary excitement to the circulation, and the copious serous discharge which proceeds from the skin tends to relieve the congested lung without wasting the red blood, that is so necessary to sustain the functions. Small blisters tease as much as large ones, and are far inferior in the relief they afford.—*American Practitioner.*

Effect of Ether on Uterine Contractions.—At a late meeting of the Obstetrical Society of Boston, Dr. Abbott (*Boston Med. and Surg. Journal*, August 15, 1872,) mentioned a case of labor, in which uterine contractions ceased after the full use of ether; although it has been said that anæsthetics in labor never interfere with the expulsive action of the uterus.—*Ibid.*

Book Reviews.

The Science and Practice of Medicine, by William Aitken, M.D. Third American, from the Sixth London Edition. With additions by Meredith Clymer, M.D. Philadelphia: Lindsay & Blakiston.

The new edition of this favorite standard work on the Practice of Medicine comes to us in an enlarged as well as thoroughly revised form. The new material added in the present edition is equivalent in bulk to a third volume added to the last edition, yet the size of the work has not been materially increased; a reduction in the size of the type enabling a larger amount of matter to be condensed into the same space.

As the author states in the preface, he has endeavored to embody an account of all the more recent advances in the Science and Practice of Medicine, which during the past fourteen years have been unusually numerous and important. Many chapters have been to a great extent rewritten and remodelled, and many new topics have been added.

The subjects composing Part I have been greatly expanded by "topics relative to pathology and morbid anatomy." Numerous additions have also been made where topics of importance had only been shortly noticed before; while the sections on the Prevention and Treatment of Diseases have been more fully considered and expressed. The work has been to a great extent, indeed, rewritten; and descriptions of many diseases altogether omitted in former editions, are now introduced.

In this new edition the author has endeavored to adhere closely to the new nomenclature of the College of Physicians, and which has been adopted by the government authorities of Great Britain.

A Treatise on Diseases of the Bones. By Thos. M. Markoe, M.D., etc. New York: D. Appleton & Co.

This is a volume of 413 pages, profusely illustrated with wood cuts, etc. The work contains the substance of the lectures delivered by the author during the past twelve years at the College of Physicians and Surgeons, New York. The table of contents comprises the following topics: Part I, Diseases of Bone; Hypertrophy and Atrophy; Inflammation of Bone; Suppuration in Bone; Chronic Sinuous Abscess of Bone; Diffuse Suppuration; Osteo Myelitis; Rickets; Mollities Ossium; Fragilities Osseum; Caries; Necrosis. Part II, Tumors of Bones; Cartilaginous, Osseous, Fibrous, and Fibroid Tumors; Myeloid and Pulsating Tumors of Bone; Tumors of the Jaws. Part III, Malignant Diseases of Bone; Scirrhous or Hard Cancer; Medullary or Soft Cancer; Epithelial, Melanoid, Colloid, and Ostoid Cancers; Treatment of Malignant Disease of Bone.

The well-known reputation of the author, and particularly the large amount of time and attention which he has devoted to the development of this special department, is an abundant guarantee of the great value and importance of this new treatise.

Transactions of the Minnesota State Medical Society, 1872. Minneapolis: Johnson & Smith, Publishers.

Transactions of the Indiana State Medical Society, Twenty-second Annual Session, 1872.

A pamphlet of 176 pages containing a variety of interesting and valuable reports.

Original Communications.

BIOPLASM.

An Address, Introductory to the Regular Course of Lectures in Chicago Medical College, Session of 1872—73.

BY D. T. NELSON, M. D.,

PROFESSOR OF PHYSIOLOGY AND HISTOLOGY.

Ladies, and Gentlemen of the Entering Class:—

The duty of welcoming you to these halls of learning, has been assigned to me by my colleagues. And it is a pleasant task, as we take you by the hand, to point you to some of the grand thoughts which must occupy your attention here.

But in passing, I must remind you that ours is a fast age, a fast nation, and a fast city. We go journeys in days our fathers travelled only in months. We acquire fortunes in years, which have required generations to amass in other countries.

We live in a city, which, less than a year ago, was almost without a business-house, and 100,000 of our citizens were without homes. To-day, we are told, there are more square feet of business-floors, and 50,000 more people sheltered in Chicago than before the Great Fire. And we have not yet celebrated its first anniversary. With such intense energy around you, you must be stimulated to unwonted activity. And if this shall be in the direction of faithful, thorough, and continued study of the topics of medical science as presented to you here, we feel confident that you will be satisfied with your progress, when the end of the session shall have been reached.

But if any one of you is so deceived as to suppose that medical science is easy—that all that will be needed in practice can be acquired in a few weeks, and with little labor—we would tell such an one, candidly, at the outset, you have mistaken your calling, you are in the wrong place, and we recommend you to seek some other field of labor. The physician must be a student always! His work is never done! But it was not my purpose to consider to any length the peculiarities of the life of a physician, or of the life of our age, or of our nation, or of our city, nor, indeed, of the human being, as distingnished from other living organisms. This shall be our study later in the term.

But we ask your attention now, simply to questions concerning living matter, or Bioplasm. Its origin. Its multiplication or growth. Its function. Questions which some of the best minds of the scientific world have been hard at work upon for years, and especially recently.

Living matter has of late received a variety of names, and before we proceed, we should fix upon the name which shall best embody the idea we entertain of it. We find, among recent writers, the terms, Germinal Matter, Protoplasm, Sarcode, and Bioplasm, and among the older writers, Aristotle speaks of animating principles. Heraclitus, of a universal fire. Hunter of a materia vitæ diffusa. Hoffman of a vital fluid, and Humboldt of a vital force.

All of these older writers evidently wished to convey to our minds the idea that living matter possessed a force, an energy—a something, peculiar to itself.

Of the recent terms, Protoplasm is undoubtedly the most familiar—made so by the writings of Prof. Huxley and his reviewers. We throw aside this term, more from the ill-repute and indefiniteness it has acquired in this spirited contest, than from any intrinsic defect in the term itself. As an example, let me give you a few of Prof Huxley's words: "What community of faculty can there be between the brightly colored lichen, which so nearly resembles a mere mineral incrustation of the bare rock on which it grows, and the painter, to whom it is instinct with beauty, or the botanist, whom it feeds with knowledge? Again, think of the microscopic fungus—a mere infinitesimal ovoid particle—which finds space and duration enough to multiply into countless millions in the body of a living fly; and then of the wealth of foliage, the luxuriance of flower and fruit, which lies between this bald sketch

of a plant, and the giant pine of California, towering to the dimensions of a cathedral spire, or the Indian fig, which covers acres with its profound shadow, and endures, while nations and empires come and go around its vast circumference! Or, turning to the other half of the world of life, picture to yourselves the great finner whale, hugest of beasts that live, or have lived, disporting his eighty or ninety feet of bone, muscle, and blubber, with easy roll, among waves in which the stoutest ship that ever left dock-yard would founder hopelessly; and contrast him with the invisible animalcule — mere gelatinous specks, multitudes of which, could, in fact, dance upon the point of a needle, with the same ease as the angels of the schoolmen could, in imagination."

Now, Protoplasm is, according to Prof. Huxley, the "single, physical basis of life, underlying all these diversities of vital existence." "It is the clay of the potter: which, bake it and paint it as he will, remains clay, separated by artifice, and not by nature, from the commonest brick or sun-dried clod.' Thus it becomes clear — to him — "that all living powers are cognate; and that all living, forms are fundamentally of one character.' He does allow that there are two kinds of Protoplasm. The *vegetable*, which can manufacture fresh protoplasm from mineral compounds, and *animal*, which must procure it ready-made, or at most can only make it from pre-existing protoplasm.

The term, Sarcode, has never been but little used, and now has entirely given place to the term Protoplasm.

The term Germinal Matter, proposed by Beale, he himself has supplanted by the word Bioplasm, a shorter and more elegant term, and the one which, I think, will be adopted by the scientific world, as best expressing the idea — living matter.

Adopting this, then, as its scientific name, we inquire, first, as to its origin.

Origin of Bioplasm. — Of the origin of bioplasm, or living matter, the oldest account we have, and, I believe, it will be found to be the most reliable of any, and the one nearest in accord with the most advanced sciences, is the Mosaic account, which gives the origin of the vegetable kingdom, in these words. "And God said, Let the earth bring forth grass, the herb yielding seed, and the fruit tree yielding fruit, after his kind, whose seed is in itself. And the earth brought forth grass, and herb yielding seed after his kind, and the tree yielding fruit, whose seed was in itself, after his kind."

And of the origin of the animal world, it says: And God said, "Let the earth bring forth the living creature after his kind, the cattle, and creeping thing, and beast of the earth, after his kind: and it was so.

"And God made the beast of the earth after his kind, and cattle after their kind, and everything that creepeth upon the earth after his kind."

And of the origin of man, or the human species, it says: "And the Lord God formed man of the dust of the ground, and breathed into his nostrils the breath of life; and man became a living soul."

In a word, a Superior Intelligence bespeaks it into existence. Breathes into it life and immortality. How simple! How grand!

Let us next see what the investigations of science have accomplished in its search after the origin of living matter.

Among the oldest scientific writers, we find only what seems to us now, with our better means of analysis, rude attempts at defining the composition and origin of living matter; indeed, we may say, no analysis at all. In the Second century before Christ, Aristotle writes of the souls of living beings, and would teach us that there is something in living matter which does not belong to lifeless matter. But though the son of a physician, his writings pertain quite as much to to the metaphysical as the physical. From Galen, of the Second century after Christ, to Fallopins, of the Sixteenth century, the similar parts, or, as we should say, the simple parts, of the human body, are, the bones, cartilages, nerves, veins, arteries, and the like; in a word, what we now call the tissues. And all are pervaded by a peculiar force, the

vital; but of the nature of this force, or the origin of these tissues nothing is told us.

But early in the Seventeenth century, the investigations into the constitution of the tissues advanced; for just at the close of the Sixteenth century, Jansens, of Holland, had invented the compound microscope (in 1590).

With it, Borelius, of Pisa, finds the pus corpuscles, and describes them as the animalculæ causing disease, and says he has seen them delivering their eggs. Boerhaave sees the blood corpuscles. Malpighi, the circulation of the blood in the lung of the frog. Harvey had discovered the circulation of the blood in 1616, but never saw it; Malpighi saw it in 1661. Leeuwenhoek had described the blood corpuscles in man and the lower animals, and examined most of the tissues, and Malpighi had described quite accurately the structure of plants. This was the work accomplished the first century with the microscope — the Seventeenth.

About the middle of the next (1757), Haller published his Elements of Physiology, and in this we find the first attempt at a rational development of the tissues. According to Haller, all the tissues are composed of fiber and a solid concrete. But of the origin of these, he does not tell us; though he does tell us that the fiber "is invisible, and can be distinguished only by the mind's eye."

Following next are the observations of Wolf, who finds all the tissues composed of globules, but does not pretend to tell how these globules originated.

The fiber, and then the globules, as ultimate elements of the tissues, are the results of the labors of the Eigtheenth century.

The next step, early in the Nineteenth century, was the raising of the cell to the place of first importance — a position it has held ever since.

This was accomplished chiefly by the labors of two men — Schleiden in the vegetable kingdom, and Schwann in the animal. But of the origin of the cells we get no new ideas. The globules of Wolf form the fibers of Haller, and the cells of Schleiden and Schwann. But how originated the globules? We get no reply, only that they arise out of a clear fluid.

And this is the essence of the theory of Spontaneous Generation. The history of the discussions relative to this subject, spontaneous generation, would form an interesting topic for an hour's discourse but we can give it now but a passing glance, and if you would study it further, I would refer you to an interesting monograph, recently published by Prof. Dalton. The earliest traces of the doctrine we find in the writings of Aristotle, two centuries before Christ. According to him, all animals produce either living young (are viviparous) or eggs from which the young are hatched (oviparous), or they produce larvæ, from which the fully developed insects are derived. And beside these, but considered as exceptional cases, were quite a class of animals, said to have been produced spontaneously from the mud-slime, in which they are found, or, as Huxley would say, by the combination of the natural forces inherent in the mud.

Observe, it is only the obscure classes, and those difficult to investigate, which are supposed to be of spontaneous origin. The shell fish was supposed to be produced in this way — such as clams, oysters, barnacles, and the like. So were also the sea-nettles, and sponges. Moths were produced spontaneously by the woollen fabrics in which they were found; so, too, maggots by the putrefying meat.

It was a favorite idea with Aristotle, that the life of the higher animal, on its death, passed by division, as it were, into the maggots, and other organisms which seemed to succeed them. And this is an idea which we find often revived by the supporters of the theory of spontaneous generation, and always concerning some obscure species or genus, about which we know so little, that it is difficult to prove that the contrary is true. As science advanced, the genealogy of the oyster and clam, is cleared up; the parent of the maggot is found in the fly, and next, only the entozoa, such as the tape worm and the pork worm, are claimed by the advocates of this theory, and these, in turn, having been proved to have come from a pre-existing animal, all

naturalists were ready to subscribe to the statement of Cuvier in 1828.

Alluding to the statement of Pliny that some kinds of shell fish are produced in sandy deposits, by the spontaneous operation of nature, he says, "It is altogether untrue that animals are ever formed by spontaneous production. We are now perfectly acquainted with the eggs of these shell-fish and their whole mode of generation. The Aphya (the fish thought by the ancients to originate from the foam of the sea) is simply the young fry of larger fish; and so of all the rest." But no sooner is the question settled concerning these animals, than its advocates find a new and exceedingly fertile field among the Infusoria which were just being discovered and studied with the compound microscope.

Needham, of England, a priest and naturalist of note, believed that infusoria would be developed, in organic solutions, under circumstances which precluded the possibility of the pre-existence of germs; for example: He enclosed the juices of meat, hot from the fire, in glass vials, together with air, also previously heated, and shut out the atmosphere by "closely fitting corks." The infusoria and their germs are supposed to have been all destroyed, and no new ones can enter, as the bottles are "tightly corked." But infusoria do appear after a time, and he supposes they are produced by a kind of reorganization of the decaying organic materials.

But these opinions were vigorously combatted by Spallanzani, an Italian naturalist, who performed these same experiments with greater care. He hermetically sealed the glass flasks in which the organic infusions were placed, by melting their narrow necks. He next boiled the infusions for an hour, and then exposed them to such ordinary temperatures as were favorable to the development of infusoria.

The result of these experiments was that when the flasks were opened, not one of them showed the least appearance of animalculæ.

Schultze and Schwann, in Germany, still more carefully conducted these experiments, and with the same result.

And still later, Prof. Jeffries Wyman, of Harvard University, has shown the remarkable fact, that some of the infusorial germs are not destroyed by a temperature of 212° F., unless continued three or four hours; and recently Bastian has shown that they will resist a temperature of about 300° F., about the temperature at which sulphur melts. Now if many of these germs will withstand a temperature of from 212° to 300° F., as shown by the experiments of Wyman and Bastian, and if all the living beings from the higher infusoria to the highest animal — man — are *positively known* to be developed from pre-existing living beings, is it not more reasonable to suppose that the germs of a few of the lowest infusoria are capable of withstanding a temperature of 350° F., or even higher, rather than to assert that they are spontaneously produced.

May it not be possible that some of the germs were in a portion of the apparatus not so highly heated as the rest, and so they escaped?

Does not the term spontaneous generation simply mean, we do not know how they are produced? Has not this been proved to be its meaning in the past, and why may not such be the result now?

And is not the real object of the advocates of this theory to find a starting point for a method of development *without a Creator?* How unstable a foundation; how unworthy the name science! With every advance of knowledge, it must move on, to the confines of ignorance.

This brings us in our review to our own times. And what shall we say are the opinions of scientists now as to the origin of Bioplasm, or living matter? They may, I think, be conveniently classed as belonging to two schools—the materialistic and the vitalistic. The opinion of the materialists we will gather from Huxley; and we will give them as far as possible in his own words, to convey if we can thereby his exact meaning and no other.

Having analyzed *dead protoplasm*—I say dead protoplasm, for he could analyze no other — he must destroy life in order to a chemical analysis — having analyzed dead protoplasm and found it to consist of the simple chemical elements, carbon, hydrogen, oxy-

gen and nitrogen, and existing in such proportions as to form carbonic acid, water and ammonia, he then asserts that "these compounds, like the elementary bodies of which they are composed, are lifeless. But when they are brought together, under certain conditions, they give rise to the still more complex body, protoplasm, and this protoplasm exhibits the phenomena of life."

We call different kinds of matter carbon, oxygen, hydrogen, and nitrogen, and speak of the various powers and activities of these substances as the properties of the matter of which they are composed.

"Mingle oxygen and hydrogen in proper proportions, and pass the electric spark through them and water is the result. Oxygen and hydrogen at 32 F., and far below, are gases, and their particles tend to rush away from one another with great force. But water, at the same temperature, is a strong, though brittle solid, whose particles tend to cohere in definite geometrical shapes."

"We do not assume that something called 'aquosity' has entered this water and made these changes which we see."

"Is the case in any way different when carbonic acid, water and ammonia disappear, and in their place, *under the influence of pre-existing living protoplasm*, an equivalent weight of the matter of life makes its appearance?" Yes, Mr. Huxley, but what is this "influence of pre-existing living matter?" May it not be just possible that this developes the protoplasm which is afterwards found? He replies, very humbly, "this influence of pre-existing living matter is something quite unintelligible."

But Prof. Owen goes even further than Huxley. He asserts that the formation of living beings out of inanimate matter, by the conversion of physical and chemical into vital modes of force, is going on daily and hourly.

In a word, living matter differs from other matter, only in possessing a peculiar combination of physical forces; a combination which may at any time occur by accident, or be invented by human ingenuity; and the chemist is approaching this grand combination, say they; he has already made in his laboratory urea and allantoin, with lactic acid, butyric oxalic and other organic acids—and the next step will be living matter itself. If so, it will be a long stride, in my opinion.

Undoubtedly the simple chemical elements oxygen, hydrogen, nitrogen, and carbon are present in all living matter, and at times, other elements which are of great importance to it in the performance of its functions; but to expect, by the study of the laws which regulate the combinations of these elements, to learn the nature or the functions of living matter, is as absurd as to attempt to study the architecture of Chicago before the great fire by the chemical analysis of its ashes. You might indeed find most of the chemical elements which composed its business houses, but how much could you learn by such an analysis of the business energy, or the financial standing of the firms they sheltered.

As well might you attempt to learn the speed of a horse by getting a chemist to analyze his muscles. Understand me, I am not disparaging chemical analysis, but attempting to show the absurdity of deciding questions relating to living matter by it.

But what shall we say of the vitalists? They believe there is a peculiar force or principle in organic matter, by which organized beings are enabled to take up the materials around them, and interchange them with their own, accomplishing thereby certain functions.

Whether this principle or spiritual agency is alike in the animal and vegetable kingdoms, or alike in the different kinds of animals and plants, are questions we cannot yet answer.

This activity is, as a famous zoologist Agassiz, I think, has said, "an invisible immaterial, superintending principle."

Whether this principle is related to, or can be correlated with the physical forces, such as gravity, light, heat, electricity, etc., that is, can be transformed into these, is a question we are not yet able to answer satisfactorily, though we incline to the negative.

If correlative, why are not these forces

often seen to be transformed into the vital. It may be replied this is constantly occurring in the lowest orders of life, among the animalculæ and fungi. But why have the higher forms of living matter never appeared?

Again, if the vital force is correlated with heat, electricity, etc., when death occurs in part, or the whole of an organism, these forces should reappear with renewed power. But we know that the contrary is true—where there is increased vital activity, there is increased heat; and so too of the other forces we call physical, so far as they appear in the living organism at all. Witness the greatly increased heat of inflammation and the fevers. Instead, then, of the vital force being the resultant of the combined physical forces, it seems rather to liberate them and allow them to form new combinations or appear in new forms.

As to the origin of bioplasm, the vitalists reply briefly—from pre-existing bioplasm. The German school, with Virchow at their head, express it by saying every cell came from a pre-existing cell; and the English school, with Beale at its head, says every living particle came from a pre-existing living particle. But of the origin of the first cell or the first living particle science gives no satisfactory account, and revelation gives but an indistinct picture, for its object is not to teach science though it should not be at variance with truth in any department.

Bioplasm or living matter under the highest powers of the microscope at present in use, appears to consist of exceedingly small particles or globular masses, which are colorless, structureless and active.

The highest powers now used magnify an object 5000 diameters; so that if an object one foot in diameter could all be seen at once, it would appear to be a mile in length; a carpenter's two foot rule would appear to be an unwieldy measure of nearly two miles in length, which, as you know, would nearly reach from this building to the Court House square. And yet with an instrument of such a power as this, it is probable that only the larger masses of living matter can be seen and many are even too small to be seen at all.

Growth of Bioplasm.—Growth or development is one of the characteristics of bioplasm. Assimilation or the taking up of food or pabulum is a constant peculiarity of living matter, taking of the non-living and transforming it into the living, so that if there was no transformation of the bioplasm into tissues, there must be a constant increase of the living matter.

But *how* it grows or *how* the lifeless particles are transformed into the living, no microscopist has been able to see, and no chemist to determine by his analysis. This is the mystery of life.

Function of Bioplasm.—The function of bioplasm is to form tissues. Probably no mass of living matter, however small, is without its tissue envelope, which may be simply to protect, as in the epithelial cell, or besides this, may have a higher purpose, as in the muscle, to contract—the nerve to convey intelligence. Or the tissue at first formed may be transformed into still another substance—take as an example the bioplasm of the milk cell, whose tissue is transformed into water, sugar, casein, and the other ingredients of the milk. So, too, the tissue of the liver cell into the constituents of the bile; and so of the rest. The function of the bioplasm is to form all the tissues, and just here is a profound mystery.

Take for example one of the higher animals; the bioplasm of the adult has been all derived from the small mass in the germ. Each anatomical element of each and all of the tissues has its bioplasm, and each forms its own appropriate tissue with unerring certainty; and as yet we can determine no difference in the living matter from these different localities—nay, I might go further and with Huxley say we can detect no difference between the bioplasm of the animal and the vegetable; and how varied are the tissues formed. How unlike — the horny nail and the brain cell—the giant oak and the liver cell. How dissimilar the milk, the urine and the bile.

Remember I do not assert there is *no difference* in the bioplasm from these varied sources, but only that we are, as yet, unable to *detect* any, and that in each it is all derived

from the single mass in the germ. And it is just here that the departments of pathology and therapeutics touch our subject.

The multiplication of bioplasm in the tissues may be so rapid that only an imperfect soft tissue is formed, and we have pus; or, though too rapidly growing, a firmer tissue may be developed and we have cancer, tubercle and the like; or this rapid growth may be general and we call it fever. Or, instead of the tissue once formed doing its appropriate work, it is transformed into some other substance, as in fatty degeneration of muscle. And, in your materia medica, what drugs will restrain or prevent the development of bioplasm? Will alcohol; will acids; will quinine? Are these then useful in fevers?

If externally, a solution of carbolic acid or permang. potass. will prevent the growth of bioplasm, will not these prevent suppuration?

But I must not follow these thoughts longer. They will be your topics of study during the coming winter—during your college years—yes, and during your whole lives as physicians. And now, gentlemen of the Entering Class, I invite you especially to the department of physiology and histology, as dealing most directly with these grand themes of living matter and the tissues, though the other departments will all treat of these more or less directly, as we have seen. I invite you to all of these departments of study. I invite you—especially those of you who are older in medical studies—to the hospitals and dispensaries. We throw open wide our doors and welcome you to work—to hard work—and we promise you on our part a corps of faithful instructors.

Intoxication in France.—M. Bergeron recently presented a lengthy paper to the Academy of Medicine of Paris on the subject of the terrible increase of intoxication in France from the use of distilled liquors. A meeting of the Academy, for the purpose of discussing the paper, was held early in October, and efforts are being made to secure the passage of laws which shall, by the imposition of fines upon those found intoxicated in the street, and by other means, remedy the present condition of society in this regard.—*Med. Rec.*

Duration of Pregnancy.—It is well known that since the days of Hippocrates the normal duration of pregnancy in the human female has been taken on an average to comprise ten lunar months, or ten menstrual periods of twenty-eight days. In some single cases the accurate reckoning of the duration of pregnancy is made impossible by the impossibility or uncertainty of fixing the day of conception. Notwithstanding these difficulties and sources of error in the calculation of the lenghth of pregnancy, there are still some exact observations to show that conceptions exist from the known average period of pregnancy, apparently connected with the individual peculiarities of the mother. In the lower animals, at any rate, these anomalies are the more numerous, in proportion as their average duration of pregnancy. For the human female Cederschjold first made the observation that the period of pregnancy lasts ten menstrual epochs, and Schuster and Berthold spoke in the same way. The author of a paper, Dr. Lowenhardt, in the *Arch. f. Gynakologie* remarks that we must remember that the menstrual period in the same woman does not always exhibit a normal and constant type; but he believes that he has found an approximately accurate means of calculation by observing the length of the last menstrual period, so that the distance of the commencement of the menstrual period before the last one to the last is to be taken as the tenth part of the length of the pregnancy. In order to shut out some errors, he reckons the length of the pregnancy in cases where the last observed interval is 26 days, at 256 to 265 days; in cases where the interval was 27 days, he calculates the duration of pregnancy at from 266 to 275 days; when the interval was 28 days, he calculates on a 276 to 285 days' pregnancy; in an interval of 29 days he reckons a pregnancy of 286 to 295 days; and from a 30 days' interval he calculates the pregnancy at 296 to 305 days. Since the interval of menstruation in the majority of women is 28 days, pregnancy must be estimated as a rule between 276 and 288 days.—*The Doctor.*

Nocturnal Incontinence Treated by Chloral.—Dr. Girolamo Leonardi (*L'Ippocratico*, 10th July), has found chloral useful even in adults long affected with nocturnal incontinence of urine, in the dose of one gramme dissolved in sixty grammes of water at bed-time. The patient is not to drink much at supper. He mentions one case of rapid cure in a young scrofulous male, aged 24, and another in a boy, aged 7. The cure was without delay.—*Ibid.*

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N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

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EDITORIAL.

PAPINVILLE, MISSOURI.

Prof. N. S. Davis, Chicago, Ill.

DEAR SIR: — I have thought often that I would write to you concerning a disease that has troubled me much for years; but I felt as if I would be imposing on your overworked time, and have postponed until now. The disease I wish to speak about, is commonly called Nursing Sore Mouth. I have met with about ten cases in six years, and within two years I have treated five cases. I have consulted all the authorities I could get hold of, and have been able to get little or no information from them: a great many of the works say nothing about it.

The disease, according to my experience, makes its appearance, in a majority of cases, about ten days after confinement — though it does come occasionally during the latter weeks of pregnancy. The symptoms are about as follows: The patient complains of loss of appetite, becomes pale, and nervous, and within a few days will complain of a rawness of the tongue, with smarting sensation when anything warm is taken into the mouth. On examination we find the tongue very red, as if it had been scalded, and in a few days the mucous membrane begins to peel off in strips or patches, and the tongue begins to look better. The disease appears now to settle down to a few ulcers on the back part and edges, with two or three elevations that look like warts. Matters continue about this way, so far as the tongue and mouth is concerned; the appetite continues to be poor; there is gradual emaciation. All these symptoms continue for a month or two. If not stopped, the œsophagus and upper portion of the stomach becomes involved, after which, in some cases, gradual emaciation continues until death closes the scene. I have seen two cases where there was every evidence of extensive ulceration of the stomach, accompanied with an anemic condition of the blood, that tonics had no control over, so long as the child nursed. From what I have seen of the disease, I am compelled to think that it is at first sympathetic with the secretions of the breast, for in every case where I have seen it tried, as soon as the child is taken from the breast, the mouth and tongue gets well, and remains so until a subsequent confinement, when it invariably returns.

I will now speak of treatment. I have tried almost everything that seemed to be suitable, for such a condition of the system, with little or no benefit. Iodide potass. and other alterntives have no control over it. Iron and other tonics do but little good. Local applications frequently agravate the disease. A solution of tannic acid is the best local treatment I have found. Carbolic acid does more harm than good. The only thing that comes near being a cure, in my experience, is weaning the child.

Is there no remedy known to yourself for the above disease? if there is, you will confer a lasting benefit by letting it be known through the *Medical Examiner*, and perhaps save many lives. Yours, truly,

AUG. RHOADS, M. D.

NOTE. — The above letter was received many months since, and marked for editorial notice. But evidently it got covered by other papers, and escaped further attention until the present time. In reply to the inquiries of our correspondent, we would say, that we know of no specific cure for Nursing Sore Mouth. And yet it is more than fifteen years since a case has originated in the circle of our own practice, in which it became necessary to wean the child. Many years since, a careful study of the phenomena of the disease, led me to regard it as arising essentially from a deficiency of phosphatic salts in the blood. The woman, in furnishing from the blood the material necessary for the nutrition and growth of herself and child, does not assimilate these salts fast enough to supply the demand. The indication for treatment is chiefly to supply this deficiency; and no *tonics*, merely as such, which do not contain these salts as prominent constituents, will do any permanent good. If, as soon as the patient begins to feel the scalding and tender sensations in the edges of the tongue and mouth, she is required to take regularly a fluid drachm of the compound syrup of the hypophosphites at each meal-time, and at

bed-time, with plain, nutritious food, and a little fresh, out-of-door air, every day, it will generally arrest the progress of the disease effectually, and she will remain well so long as she continues the medicine from two to four times a day. But in many instances it will be found necessary to keep up the supply of medicine during the whole period of nursing.

In several instances under our care, the omission of the medicine for two weeks during any part of the time would result in a renewal of the symptoms of trouble in the mouth and stomach. But with the renewal of the medicine the symptoms would disappear.

There are several other prescriptions which will answer a similar purpose. One of the best, is the mixture of extract of malt, two parts, and compound syrup of hypophosphites, one part, given in doses of a small table-spoonful at at each meal time. If the disease is neglected, or treated with ordinary tonics, or stimulants, or both, until the mucous membrane of the mouth, fauces, stomach, etc., is already extensively ulcerated, and the blood of the patient extremely impoverished, no treatment may supercede the necessity for weaning the child.

Gleanings from Our Exchanges.

THE BRITISH MEDICAL ASSOCIATION.

The following cases from the address in Midwifery, delivered by Evory Kennedy, M.D.—a continuation of those given in our last—are taken from the excellent abstract of the proceedings of the late meeting of the Association, given in the September and October numbers of *The Doctor:*

The Whole Circle of the Os Uteri Thrown Off in Labor.—A patient in her third labor, which was somewhat violent, had slight hæmorrhage. The head was well engaged in the pelvis, and some fleshy mass was found to protrude from the vulva. The pains increasing, a complete circular ring, about three-eighths of an inch thick by an inch in breadth, escaped, which, on examination, proved to be the detached os uteri in its entirety. The labor proceeded rapidly. There was very little hæmorrhage; and the patient made a favorable recovery, the lochial discharge continuing longer and being more offensive than usual. Of the after-history of this case, and whether she bore more children, I am ignorant.

Acephalous Fœtus; totally brainless; acutely sensitive.—A female child, otherwise fully formed and developed, was born acephalous—in fact, totally devoid of brain. It survived its birth one hour and a half, breathing and crying loudly; the expirations were rather convulsive in their character. Its voice was very strong. It was acutely sensitive to impressions made on the surface of the body, and moved its limbs. We could not satisfy ourselves whether it heard or saw. It cried so much on inserting food in its mouth, that it was impossible to ascertain whether it could perform the act of deglutition. In other cases of acephalous fœtuses, we usually found a rudimentary portion of the middle lobe of the brain; and they rarely survived beyond a few gasps, if so much. The malformation is occasionally combined with spina bifida and contortions of the limbs; but some, like this child, are fully developed—indeed, the shoulders were so much so as to create a difficulty in their extraction. The *post-mortem* examination, in which I was assisted by the late Dr. Todd, of King's College, presented no feature worth recording, beyond what I have mentioned.

Spina Bifida.—In June, 1872, I was consulted about a child four months old, reasonably well developed, healthy, and with every prospect of continued vitality and health, save the existence of a head somewhat large, but with tardy development of the parietal and frontal bones, leaving the large fontanelle unossified, congenital dislocation of the ankles forwards, and a spina bifida of the lumbar vertebræ. This measured two inches in diameter, with a projecting polished membranous covering, enclosing an elastic fluctuating sac. In fact, there was a total absence of the integumentary, ligamentous, and bony covering of the spinal cord, the thickened dura mater supplying their place. I exhibit a model of this case. The child, a girl, shows quite as much evidence of mind and powers of observation as four months' children generally do. My directions hitherto have been to take every precaution to prevent the injury or rupture of the cyst. A chambered shield of gutta percha, lined with padded silk, is being adapted to prevent the possibil-

ity of accidental injury; and I have it in contemplation to try a plastic operation when the age, promise of enduring life, and condition of the child justify it. It would be extremely gratifying to me to have the suggestions of my *confreres* with reference to the future dealing with this remarkable case; more especially of those who have met with similar cases in their practice. How long have they been known to survive, and how they were treated?

Vesico-vaginal Fistula cured by twisted Suture.—On August 12th, 1837, H. Byrne, æt. 25, was sent from the country suffering from vesico-vaginal fistula. The opening was longitudinal, about five lines long, with considerable loss of substance. It was about three inches from the urethral orifice. The bowels were well freed. She was placed on the abdomen on the edge of a table, with a bolster interposed. My four curved beak-tractors were introduced, and, her limbs being held fast by assistants, I pared the edges of the fistula with a scalpel, cutting on an ebony spatula; and, having introduced three short needles into the wounded edges, drew them together with a twisted suture. A perforated shot was now squeezed on the end of each needle, an elastic catheter introduced into the bladder, and the patient was placed lying on her abdomen, on bolsters stitched together longitudinally. She was retained in this position, and closely watched day and night, by a relay of nurses, who never left her. The urine flowed freely from the urethra into a bladder attached to the catheter, her bowels were washed out by lavement. Not a drop of urine escaped from the vagina. The sutures were cut out on the fifth day, and the needles removed, when the union was complete. She left the hospital in a fortnight perfectly well. I had the advantage of the assistance of my late colleague, the distinguished surgeon Mr. Abraham Collis, in this case; and I cannot easily forget the gratification he evinced when he made a final examination of the bladder before the patient left the hospital, nor the significant manner in which he answered my inquiry whether he could find any hole. "No, doctor: I can't find a hole, unless I make one;" and added, with a peculiarly expressive shrug of his shoulders, with which those who knew him were familiar, "I am sure you don't wish me to do that."

Vesico-vaginal Fistula treated by Cautery and Pessary.—Mary Cathcart (November, 1837) suffered from a slough of the vesico-vaginal septum in her first labor in the country. The fistula was small, circular, about two inches and a half from the meatus, and rather to the right side. This was considerably diminished by one application of the actual cautery a month after her third delivery; but as this was followed by peritonitis, it was determined not to repeat any operation. A cast model of the vagina, made of dentist's wax, was taken. This was done by introducing the soft wax, with a tape for extraction imbedded in its center, through a speculum partially introduced. A caoutchouc mould was made from this, which fitted the vagina accurately, and was worn constantly as a pessary. The result of this simple contrivance, to use the words of my then clinical clerk, copied from this report, was, that "she experienced much comfort, being enabled by its use to retain her urine to a convenient length of time, and evacuate the contents of the bladder at pleasure, without withdrawing the instrument." I should, however, mention that I have since several times repeated this plan, using the cautery in preference to the ligature, or where this was objected to; and it has generally enabled the patient to retain her urine for some time. It has, however, not always been attended with the same amount of success. In fact, it is more adapted to very small fistulous apertures, or to those that have been reduced by the use of the cautery.

Total Occlusion of Vagina: Operation: Animation suspended for upwards of twenty-two Minutes by Chloroform.—Some years ago, Dr. Ringland and I were called upon to operate in a case of a lady with total occlusion of the vagina. The examination could only be made through the rectum. The anterior and posterior walls of the vagina were united almost throughout their whole length. There was a sense of fluctuation perceptible on pressing the finger high up into the bowel. A tumid fullness was perceptible over the pubes, to about the extent of a six months' pregnancy. The bladder and rectum were emptied; and the patient was placed on her back, on a high couch, with the limbs flexed and held by assistants, as in lithotomy. The patient was with some little difficulty brought under the influence of chloroform. I had commenced the operation, when she struggled so that I was obliged to desist, and assist in bringing her completely under its influence, before again commencing. A catheter was introduced into the bladder, and the dissection was proceeded with, cutting and separating the adherent tissues with the blade and handle of the scalpel alternately; now introducing the finger into the rectum, and again feeling through the anterior wall for

the catheter, to avoid approaching too closely to either cavity — a scarcely appreciable divergence in either direction being fraught with misery to our patient for life. From the difficulties and risk attending the operation, it was necessarily a tedious one; "rapidity" in such an operation being a convertible term for "destruction." At length, after cutting for three inches upwards, and dissecting a new vaginal canal by dividing throughout this extent a layer of condensed structure not more than the sixth of an inch in thickness, we had the gratification of coming to a small pouch at the upper part of the vagina, which communicated with the distended uterus, and from which poured a quantity of grumous retained menstrual fluid. Having thoroughly enlarged the opening at the upper part, so as to correspond with the dimensions of the canal throughout, I got up from the operation to receive a shock such as I never experienced before or since. Our attention was called by the chloroformist to our patient, who lay with her head over the edge of the table, her jaw fallen, and to all appearance dead. There was no respiration; no pulse at the wrist; no action of the heart. I took out my watch, in order to take care that attempts to restore animation should be continued for a sufficient time before desisting, but without a hope that they could be attended with success. Experience in resuscitation of infants had led me to expect little from forcible inflation of the lungs by inserting a tube into the trachea, but much from a continuous and persistent imitation of the act of respiration by regular pressing on the elastic ribs of the subject—producing, as nearly as possible, the systole and diastole of the lungs and chest-frame, as observed in nature. Without a moment's delay, I sprang upon the high table, so as to command the prostrate woman; and, kneeling across her, placed a spread hand over the lower ribs, and kept up an artificial respiratory action in the lungs of about twenty pressures in a minute. In the meantime, all the available means of resuscitation were most assiduously carried out by my friend Dr. Ringland and his assistants. Friction and sinapisms were applied to the arms, legs and surface. As speedily as buckets of warm water could be procured, her hands, feet, and limbs were immersed in it. These efforts were persisted in, whilst minute after minute was anxiously counted, with not the slighest evidence of restored vitality. At length, our souls absolutely sickened with disappointment, and, I may add, all hope having fled, we were, at the expiration of twenty-two minutes, repaid for our exertions by a convulsive gasp. Nearly a minute took place before a second occurred. Then they recurred at half-minute intervals; and eventually the natural breathing became established, and the artificial respiration was desisted from. Sickness now set in. She was unable to assist in the involuntary efforts to discharge the stomach. The food blocked up the œsophagus and posterior fauces; but, by drawing the head and neck over the edge of the table, and giving her the advantage of gravity whilst the finger was pressed into the œsophagus, the obstructing food and mucus were removed, and respiration was established. A second collapse ensued after a few minutes, consequent on the evacuation of the uterus; but after this she recovered without a check. A curious circumstance, in a psychological point of view, should not be omitted. When she recovered her sensibility and powers of perception and speech, within a few minutes after respiration was re-established, looking steadfastly at one of the physicians present, she asked slowly and with some effort, "Is that Jesus Christ?" Where was her soul during that period of suspended animation? It might be surmised, that this case would shake one's confidence in chloroform. With me, it had an entirely contrary effect, as it proved the power — perhaps I should say, the capability — of restoring vitality suspended by its use under circumstances apparently hopeless.

Obstinate Procidentia of Uterus Cured by Actual Cautery. — Mary Burke, æt. 60 a widow with six children, had obstinate procidentia of the uterus, and could not retain any form of pessary. She suffered much distress; her general health was deranged; she was dyspeptic, and had lumbar pains. She was confined to the horizontal position, with the lips well raised, for a fortnight. The ulcers healed. The uterus was placed *in situ*, and astringent injections were used. The actual cautery was then applied about an inch and a half from the vulva round the surface of the vagina for the extent of about half an inch. My clinical clerk, who was somewhat of the Gil Blas school, in criticising his master, adds that the old woman was so indignant at this operation, which, for obvious reasons it was deemed more considerate not to explain beforehand, that she left the hospital in a fit of indignation, because a hot iron had been applied to her inside, as she said, without saying, "With your leave, or by your leave." She eventually permitted the treatment to be followed up by the application of nitrate of silver; and the report is thus continued by my clinical critic. At the expiration of two months, she was

able to go about again. The uterus was *in situ:* and she had derived much benefit to her general health and condition, and a distressing pain, descending down the front of the thigh, from which she had constantly suffered, had disappeared. The cicatrix formed by the eschar prevented the descent of the os. He adds, however, this caustic comment on my operation: "She certainly got a regular touching up."

MYALGIA AND ITS TREATMENT.

BY J. B. MATTISON, M. D., OF CHESTER, N. J.

Myalgia, strictly speaking, is the term applied to those very common and painful affections, grouped under the head of muscular rheumatism, and known as lumbago, pleurodynia, and so forth, according to the muscle or muscles affected.

Doubtless, every practitioner is more or less familiar with these troubles, and though some of them may be comparatively trivial, as, for instance, the stiff neck produced by cold, and, being treated with domestic remedies, escape his professional attention, there are others, in which the actual suffering, and incapacity for physical labor are so marked, and so protracted, that it becomes a matter of prime importance to remedy this state of affairs as speedily and effectually as possible.

It is not the purpose of this article to speak of the pathology of this disease, nor of its diagnostic points as compared with neuralgia, both features of marked importance, and for a full consideration of which the reader is referred to Dr. Anstie's admirable treatise on "Neuralgia and its Counterfeits," the latest and best work on the subject, and with which every physician should thoroughly acquaint himself, if he be desirous of keeping fully abreast of the times in the management of that painful affection.

We desire more particularly, to call attention to a plan of treatment, which, in our hands, in *all* cases, has given more prompt and satisfactory results than any other with which we are acquainted, namely, the subcutaneous injection of morphine.

Anstie, in speaking of the treatment of this affection, remarks, that keeping the affected muscle or muscles in a state of full extension, the maintenance of a perpetual local vapor-bath by spongio-piline, and, if necessary, one or two Turkish-baths, are all that is required in a very large number of cases. When these measures fail, he recommends the use of scruple or half drahm doses of muriate of ammonia, and adds, that "in the first very acute stage of a severe case it may be advisable to inject morphia hypodermically."

Now, the point we desire to bring prominently forward is, that it is not necessary to wait for a *severe* case, but that in *all* cases where professional assistance is desired, the hypodermic employment of morphia, varying the dose according to the intensity of the suffering, and in the milder cases a very small quantity will suffice, affords more decided, and by far more speedy relief than any other mode whatever.

The result in the following cases will fully illustrate the value of this form of medication.

March 13, 1872, was called upon to visit R. P., farmer, æt. 45, whom I found confined to his bed from a severe attack of lumbago of four day's duration. Any attempt to assume an upright position gave rise to the most exquisite suffering, and even when the affected muscles were completely extended and fully at rest, there was an intense aching, entirely preventing sleep, and causing much distress.

At the cost of great pain we succeeded in getting him in a semi-prone position, and injected one-third of a grain morphine sulphas over the lumbar region. In seven minutes, *actual time*, patient was free from pain, and expressed himself as feeling perfectly comfortable. Visited him the next day, 12 M. Complete relief, with no unpleasant effect save a slight nausea, had continued for sixteen hours, allowing a night's refreshing slumber, and only returned, very much lessened: about an hour previous to my second visit. Injected one-quarter grain sulphate, and that completed the treatment, as the next day the patient left his bed, and the second day afterwards reported himself in the village three miles distant from his residence. He was most emphatic in his testimony as to the value of the remedy, and declared that after the first injection "he was never so happy in all his life."

H. M., æt 17, presented himself at the office, complaining of pain in the left side, much increased on full inspiration, and of several weeks' standing. An examination into the history of the case convinced us that it was myalgic, and an injection of gtt. v. solut. magend. was followed, in five minutes, by entire relief from pain, *which did not return.*

W. H., æt. 35, applied for the full relief of a pain of four months' duration, presenting the following peculiarity: When erect, either sitting or standing, no discomfort was felt,

but the moment he bent forward, or elevated his feet above the level of his body, he began to suffer pain in the epigastrium, which constantly increased in severity until it compelled him to resume an upright position. He presented the appearance of perfect health, and a careful examination failed to discover the slightest evidence of gastric derangement. Regarding the case as one of epigastric myalgia, we injected gtt. viij. sol. magend. in the affected muscle. Saw the patient some hours after, and he expressed himself very much relieved, only slight pain being felt in any position. Circumstances of a business nature beyond control prevented his following out the plan of treatment, and he passed from under our observation. We have no doubt that the injections, had they been continued, would have resulted in a perfect cure.

Was called to visit Mrs. T., æt., 29, mother of seven children, the youngest eleven months old. The following is her history. Two weeks subsequent to the birth of her last child, she was seized with a severe pain under her left breast, which has occurred at variable intervals ever since. Not a day has passed without more or less distress, so marked, at times, as to compel her for a while, to abandon domestic duties. Her general health seemed good and were it not for the local suffering she would consider herself a well woman. There was a sense of soreness in the affected region, and the pain seemed to be dependent, in a great measure, upon muscular action, movements involving the affected part always distinctly agravating it. Sinapisms and other remedies had been employed without benefit. Considering the case myalagic in its nature, we injected gtt. iv. sol. magend. deeply into the substance of the painful part. Called forty-eight hours afterwards, and learned the injection gave marked and permanent relief, having felt no pain since its employment, an immunity from suffering she had not enjoyed for nearly a year. Made a second visit some time later, and found the freedom from suffering continued. Meanwhile, she had engaged in more than ordinarily severe labor without any pain whatever, and having no further occasion for professional services after the case was dismissed.

The foregoing are not culled cases. They are given in the order they occurred, and the results in all, are, we think, such as to verify the statement made as to the value of the remedy employed.

Some doubts may be expressed as to the correctness of diagnosis in the last mentioned case, from the fact that one injection sufficed for a cure. The absence of any other manifestation of hysteria, past or present, will exclude the so-called "hysterical breast," while the want of any neurotic tendency in the previous history, and the fact that the pain was always distinctly agravated by muscular movement, will, we think, set aside any suspicion as to its neuralgiac nature.

While claiming for the subcutaneous employment of morphia the decided preference over other forms of treatment, we by no means deny that cases may occur requiring additional measures. It is pre-eminently in those instances where the affection is strictly local that its curative virtues are so marked. When any evidence of anæmia exists, and the pain seems but part of a general malnutrition, tonic remedies, and especially the continued employment of cod-liver oil, will be quite essential to effect a radical cure.

One point, in particular, we desire should not be overlooked, namely, *deep* injections. Plunging the needle firmly into the substance of the affected muscle, gives us the benefit of *acupuncture*, which has been found exceedingly valuable in getting rid of obstinate myalgic pain.—*Phil. Med. Reporter.*

ALCOHOL AS A COOLING REMEDY.

In the papers on "therapeutic traditions" in course of publication in the *Lancet*, the writer has been treating of "cooling remedies." He thus speaks of alcohol in this respect:—

With regard to alcohol, the substantial agreement (*a*) of nine-tenths of the observers who have studied the subject may be considered, even in opposition to a single illustrious objector—Dr. Parkes—to prove that the influence of alcohol upon temperature except when this is subnormal, is uniformly in the direction of *lowering*, particularly when it is given in narcotic doses. [The present writer has reason to add, from his own researches on this subject, that moderate doses of alcohol, compare, on the whole, very closely, in their effects on the temperature of healthy persons, with that of ordinary food; that the latter not unfrequently appears to cause a fractional *fall of temperature;* that alcohol (in ordinary dose) does this a little more decidedly, but not constantly; that, on the other hand, alcohol in narcotic dose produces a very substantial lowering influence. Indeed, he is strongly inclined to believe that the following statement, paradoxical as it

(*a*) Cunibert Boavier (Pharmakologische Studien uber Alkohol; Bonn, 1871) has marshalled this evidence with striking effect.

sounds at first hearing, is literally true; that the more swiftly oxidisable a food is, the less likely is it to give occasion to the direct development of free heat, and the more likely to produce a positive fall of the thermometer when given in excessive quantity in health. In this view alcohol, for healthy persons, would simply be regarded as the most oxidisable of hydro-carbonaceous foods, though unfortunately, it has other properties, of a destructive kind, when taken in continued excess.]

Such being the state of our knowledge with regard to the action of food and alcohol in health, we have now to consider both theory and observed fact as regards their influence on *morbid excess* of temperature. In pyrexia, as is well known, the incidence of the bodily chemical changes is greatly altered: the elimination of nitrogen proceeds as before, but is now derived in great part from the destruction of nitrogenised tissues instead of the destruction of nitrogenised food; and this kind of process results in the development of a far larger proportion of energy *in the condition of free heat* than is produced by the conversion of food in time of health. Under these circumstances there appears no theoretic reason why food, provided it be readily oxidisable, should not form an efficient protection to the tissues, and a consequent depressor of febrile heat; and in truth, such objections to its use as really exist are mainly accidental—*e. g.*, certain foods cannot practically be given because the fevered stomach refuses to do the work of primary digestion upon them. Two forms of food, however, are rarely embarassing to primary digestion in pyrexia, except where the stomach is itself inflamed—viz., milk and alcohol. The almost unlimited use of milk is possible in many forms of pyrexia; and milk, either alone or combined with starch (in the form of arrowroot, &c.), frequently affords a striking instance of a food which lowers morbid temperature. The present writer has frequently seen (as others doubtless have) a typhoid fever patient experience a remarkable reduction of temperature and simultaneous amelioration of general condition upon the administration of this kind of nourishment. The effects of alcohol in the same direction are even more remarkable (*a*), but they are not constant; some mysterious law determines differences which are at present ultimate facts, incapable of solution. When alcohol acts without narcotising it reduces morbid temperature; but whether it will narcotise or not, and if so in what dose, are points as to which we can never be certain without experimental trials; although a certain speed and a certain form of pulse-wave, together with the presence of delirium, will frequently direct us rightly. Much yet remains quite unknown as to the profounder relations of alcohol to the fevered organism and the causes which allow it to be tranquilly oxidised in large quantities by one fever patient, while much smaller doses will disorder the system of another. But the fact remains that for pyrexial patients, presenting a certain group of phenomena which are now fairly well known, alcohol produces the truest and the most direct reduction of temperature —with the one exception of that caused by the cold bath—of which we have any example in the whole round of known remedies.

We have thus dwelt on the susceptibility of alcohol to oxidation, because that phase of its action assimilates it to common food. Our readers are well aware, however, that this is not the only probable source of the heat-lowering power of alcohol. The supposed action upon small cellular bodies which Binz, more especially, has assigned to it, is one extremely probable source of this cooling power.—*The Doctor.*

(*a*) Dr. Ringer probably underrates the amount of the reduction that can be thus effected, at any rate in the most appropriate cases.

Three Cases of Epilepsy.—Dr. L. P. Yandell, Jr., reported to the College of Physicians and Surgeons, the following cases, the first of which possesses unusual interest as having resisted the action of the bromide of potassium alone, but was rapidly benefitted and finally relieved by the addition of the sulphate of atropia to the prescription.

Case 1. A girl, aged thirteen years, small, delicate, precocious, has had since early childhood, excrutiating headaches, attended by vomiting, double vision, and sometimes loss of consciousness and delirium, and always sending her to bed for a day or more. The seizures were sometimes excited by undue heat or cold, excesses in eating or exercise, malarial trouble or menstrual derangement. She had been treated by bromide of potassium in full doses for many months without relief. When patient came under Dr. Y's care he gave her from twenty to sixty grains of the bromide three times daily, and one-hundredth of a grain of the sulphate of atrophate of atropia night and morning. The attacks soon became less frequent and less severe, and in seven months she seemed rid of them altogether. She was directed, however, to continue the medicine for twelve months more. The patient has of late had several attacks of genuine hemicra-

nia, which were entirely rebellious to the bromide and atropia, but which promptly disappeared under quinine.

Case 2. A young farmer, whose father, a confirmed epileptic, died hemiplegic and insane, had many convulsions during infancy and early childhood. Just after reaching puberty he had, while working in the hot sun, his first epileptic seizure. Has had attacks for four years pretty regularly every month, sometimes oftener. A course of bromide of potassium and sulphate of atropia, with strict attention to all his habits of life, have now averted a paroxysm for upwards of a year. He takes the medicine still, though in diminished doses.

Case 3. A Swede, aged twenty-seven, an epileptic since early youth, having attacks almost every month, was usually warned of the approach of the seizures by a distinct aura beginning in one hand. He was not unfrequently able to avert the attack by clinching the fist of this side with all his force, or laying violent hold on some hard substance, as a table or chair. The same treatment pursued in the previous cases materially improved the patient, and gave decided promise of curing him, when he left the hospital, and has not since been heard from. Dr. Y. has come to regard epilepsy as curable in the large majority of cases by the bromide of potassium and sulphate of atropia. —*Med. Reporter.*

Mixed Vapors for Anæsthesia.—Dr. J. D. Davis (*Medical Record*), in commenting upon this subject, remarks that the mixture recommended by the Committee on Anæsthetics, of the American Medical Association, deserves to be more universally known and used, its advantages being—the small quantity required; the rapidity of its action; the shortness of the stage of excitement (it often being wanting entirely); the absence of distressing after effects; its comparative safety over chloroform; being compounded in definite proportions, it can be scientifically administered; the pungent, stifling odor of the ether and the burning sensation of the chloroform, are to a great extent overcome; the sedative effects of chloroform are modified by the exciting influence of ether, while to both is added the stimulant alcohol. The mixture is composed of alcohol, one part; chloroform, two parts; and ether, three parts. It is easily remembered by taking the initials in the order of the alphabet: A., C., E., the corresponding number of parts being 1, 2, 3.

External Use of Fuming Nitric Acid. —Professor Patruban (*Memorabilien*, June, 1872), says that this heroic caustic is indicated on account of its rapidity and drying-up of the tissues. It stops all effusion of blood, and leaves good scars. He uses it for warts and other protruberances of the skin, as condylomata, epulis, hæmorrhoids, and tumors of the nature of nævus.—*The Doctor.*

Book Reviews.

The Physiology of Man. Designed to represent the existing state of Physiological Science, as applied to the functions of the human body. By Austin Flint, Jr., M.D. etc. Part IV. *Nervous System.* New York: D. Appleton & Co., Publishers.

This long looked-for and anxiously expected volume of Prof. Flint's Physiology is at length completed. It forms a volume of 461 pages, uniform with the previous numbers of the series. The physiological anatomy and the functions of the nervous system are the topics considered in this fourth part; the special senses being reserved for a fifth and last volume of the series. The author states that he has from the first looked upon this division of the work as the most difficult and the most important of all, and feels that this volume will be regarded with more critical interest than any one of the series; and if he has succeeded, even in a measure, in giving in it a satisfactory representation of our present positive knowledge, he considers that no apology is necessary for the length of time occupied in its preparation. For two and a half years he has been almost unremittingly engaged in writing this volume, and has endeavored to overcome, rather than avoid the difficulties which have presented themselves in the investigation of important questions, which are as yet regarded by many as unsettled. "Adhering conscientiously to the positive method of study, the author has endeavored to present an account of the nervous system, which, though it will undoubtedly be extended by future investigation, is made up mainly of statements of facts that will probably not undergo serious modification as we advance in our knowledge of the subject."

The author states that the fifth or last vol-

ume, which is to be devoted to the special senses and generation, is so far advanced that it is hoped that the entire work will be finished within a year.

The publishers of this series, with a view to presenting a complete work on the physiology and pathology of the nervous system, are about to issue this present volume of Prof. Flint's in connection with the lately issued work on Nervous Diseases by Prof. Hammond.

On the Functional Diseases of the Renal, Urinary, and Reproductive Organs, with a general review of Urinary Pathology. By D. Campbell Black, M. D., L. R. C. S. Lindsay & Blakiston, Philadelphia.

This is a small volume of 286 pages, and includes a concise, pratical consideration of the following topics: The conditions that affect the secretion of urine, with special reference to suppression. Retention of urine: its varieties, causes and treatment. Irritable bladder; strangury. Pathology and treatment of nocturnal enuresis, and spermatic incontinence. Sterilty in the male. Male impotency. Anomalous urethral discharges.

The Treatment of Syphilis, with Subcutaneous Sublimate Injections, by Dr. George Lewin, Berlin. Translated by Carl Prœgler, M.D., and E. H. Gale, M. D. Philadelphia: Lindsay & Blakiston.

The author states, in his preface, that nearly seven years have elapsed, since he introduced the subcutaneous sublimate injection into the syphilitic wards under his charge, in the Royal Charite Hospital, Berlin, and that during that time he has treated by this new method upwards of 2,000 patients. The special advantages claimed for it, are the quickness and precision of the results obtained, and the small per centage of relapses that occur. This method has the advantage, he says, over other anti-syphilitic cures, inasmuch as it requires no preparation of the system for, nor any after-cure in consequence of the medicine taken, because we can proceed at once *in medias res*, without losing any time whatever.

The instrument used in the operation is a special syringe, modified by Dr. Lewin, and manufactured by Geo. Tieman & Co., New York. In private practice, each patient must have his own needle, so as to prevent all possibility of infection. "The operation itself is the same as with any other subcutaneous injection. The cuticle should be raised, and the point of the syringe pushed into the middle of the cellular tissue, thus elevated. Be careful and not penerate so deeply as to injure the muscle; neither go too superficially, because the medicated fluid, remaining in the tense and unyielding stratum of cuticle, will not be absorbed, but give rise to inflammation and sloughing of the part; therefore, it is of vital importance that the medicated fluid be deposited in the meshes of the cellular tissue." The author uses three different strengths of solution, one of three grains to the ounce, one of four, and one of six grains to the ounce. "More concentrated solutions than these, cause often intense local inflammation and sensitiveness, and the formation of abscesses. Which of the solutions to use, in any particular case, must be determined by idiosyncrasy of the patient, sensitiveness, susceptibility, etc. Generally I prefer in practice, the middle strong solution, and with patients in Charite Hospital, I use it mostly." The partial dose for each injection, he states to be from $\frac{1}{10}$ to $\frac{3}{4}$ of a grain; the injections being repeated from one to three or four times daily, according to circumstances, severity of symptoms, etc.

The extended table of statistics given, as well as the detailed record of cases, seems to fully confirm the theoretical advantages claimed for this form of treatment, and we recommend the work to the attention of those interested in this department.

Money Receipts for September. — Drs. E. S. Cleveland, $6.00; G. W. Lawrence, $5.00; E. W. Edwards, $3.00; W. H. Searls, $3.00; J. M. Steele, $5.00; A. Gaslin, 6.00; L. Asir, $3.00; O. Peck, $6.00; N. Senn, $3.00; J. W. Fink, $3.00; Wm. Law, $3.00; J. H. Stevens, $5.00; Thos. Aiton, $2.00; Chas. Payne, $1.50; W. E. Quine, $5.00; Geo. Dale, $1.50; H. McKennon, $1.50; S. D. Mercer, $6.00; Martin Clark, $1.50.

Original Communications.

ACUTE PERITONITIS.

BY EDWIN A. CARPENTER, M. D., BAILEYVILLE, ILL.

EDITORS MEDICAL EXAMINER:—Conceiving it to be the duty of practitioners of medicine to report the cases in their practice which presents anything unique, either in the management of the cases therapeutically, comparing with text-books, or acknowledged modes of practice, I subjoin an epitomized account of two cases which occurred in my practice two years since.

Case 1. History: Mrs. T. Williams, æt. 24; American; seen May 26th, 1870. Had enjoyed good health until the 23d of the month, when, experiencing acute pain in the umbilical region, she was attacked with diarrhœa. The bowels, judging from the quantity of fecal matter, evacuated their entire contents. She sought the recumbent posture, but obtained no rest from the pain, which rapidly increased. At first, experienced only in the umbilical region, it gradually spread downwards, and became more intense in the hypogastrium. She was the mother of one child six weeks old, which she nursed up to the advent of the disease. Had a chill a few hours prior to my arrival.

Symptoms when first seen: Her appetite is entirely lost. The tongue covered with fur, brown in the center. Lips, dry and cracked. Abdomen somewhat swollen, but would allow of no manipulation, owing to the pain it produced. The respiration is hurried, being nearly thoracic in character, numbering twenty-two per minute. No dullness on percussing the chest. Has frequent desire to pass water, which is voided in small quantity, attended with uneasiness. Face flushed, expression anxious. Pulse, 124–3; severe headache. Treatment: Fomentations to abdomen. ℞ Opium powd. gr. 8. Sub. nit. bismuth, grs. 24. Mix, and divide into eight powders. S. One to be taken every hour until free from pain, or the number of respirations reduced in frequency below their normal standard.

Progress of the case: May 27th. The patient has taken one powder every hour; is in more pain; breathing labored; respirations 24 per minute; pulse 132; bowels quiet; cephalalgia not quite so severe; knees drawn up; pupils slightly contracted. To take strong leaf tea. To have two grains of opium every hour. Sinapism to abdomen, to be left on until redness supervenes. Evening: Abdomen very much distended. Begs for something to quiet the pain. Respirations 20. Pulse 140 beats per minute. Countenance presents great anxiety. Has not passed urine for eight hours, but has desired to do so. Catheterized, getting but a few ounces of urine of an ammoniacal odor. Perspiring profusely. Medicine has been taken regularly.

Left powders containing three grains of opium with one-twelfth grain of calomel, each one of which are to be given every half-hour, until free from pain, or the number of respirations reduced in frequency to ten per minute. Fomentations to be re-applied. 28th: Has taken her medicine every half-hour. Respirations 12. Pulse 135; pupils contracted somewhat. Exquisite pain on slight abdominal pressure. Took nourishment during the night, and frequently complained of the pain she experienced. Directed the continuance of the treatment. Met my esteemed friend, B. T. Buckley, M. D., of Freeport, Ill., in consultation, who fully concurred in the past treatment, and advised its continuance, but thought her beyond recovery. Blister applied; beef tea in suitable quantity.

Evening: Still in *pain*. Has taken her medicine regularly. Blister has not produced any irritation. Catheter. Directed the abdomen to be painted with comp. sol. iodine, to be followed by turpentine stupes. Pulse, 114. Respirations 10. Abdomen distended, seemingly, to its full capacity. At this time a noisome odor pervaded the apartment, rendering it very disagreeable to the ladies in attendance, despite a liberal use of chlorinated soda as a disinfectant. If one brought their hand in contact with her person, the odor would remain for hours, in

spite, even, of washing them in a weak solution of carbolic acid. Treatment continued with above additions.

Was called again at 11 P. M. Found her suffering acutely, notwithstanding she took regularly six grains of opium per hour. The pain was more severe in the hypogastrium than elsewhere. Catheter. Left five grains of opium in each powder, *one of which was to be given every half-hour*, until the pain ceased, or the number of respirations reduced to eight per minute. Residing five miles from the patient, I left a goodly number of powders, so in case I was unavoidably detained, she might not be without *opium*. Left a diuretic composed of nitrous ether and fl. ext. digitalis. The same local applications were continued. 29th: Patient free from pain. Her husband gave *ten powders the first hour*, being determined, he said to "ease the pain, if there was *strength* enough in the medicine to do it." One powder every hour thereafter. His statement was coroborated by three ladies of intelligence and good standing in society. Pulse 108. Respiration 10 per minute. Pain *acute* on pressure. She was well under the influence of the drug, but toxic phenomena were not present to an alarming extent. Has taken nourishment. Catheterized.

Directed them to give, not to exceed two powders every hour. Evening. Pulse 107. Respirations 10 Has taken two powders every hour; has taken nourishment. Catheter. Tincture opii was now substituted for the powder, taking one teaspoonful every half-hour, except twice, when she took only one spoonful once per hour. Local applications the same, which produced but little visible effect, save a slight desquamation of the cuticle, caused by the iodine. 30th: Pulse 98. Respiration 10. Gums tender. Not in so much pain. Abdomen less in size. Catheter. Directed the iodine to be omitted, applying only the warm turpentine. One teaspoonful of laudanum per hour. Alcoholic stimulants in small doses. Evening: Patient in less pain. Catheter. June 1st: Increased pain in the hypogastrium. On passing the catheter, the eyes became blocked up with epithelium, which, with agitation, flowed out with about one pint of urine. Diagnosed cystitis as a complication. Directed fomentations to hypogastrium; other treatment continued. Evening: Catheter. A sickening odor emanated from the vagina, which was disinfected with labarques sol. chlorinated soda diluted. One to two drachms of laudanum hourly. Respirations 11. Animal broths in liberal quantities. June 2d: Pain much less severe on pressure. Pulse 86. Abdomen not near so tympanitic. One grain of opium every three hours. Evening: Not in pain unless considerable pressure is used. 3d: Urinated at will. No pain. 4th: Discharged as a regular recipient of visits.

Commentary: The history of this case would lead one to infer that intestinal perforation had occurred. Dr. S. O. Hebershon made an analysis of 500 cases (vide Medical and Surgical Transactions, London, vol. xliii, 1860). From an analysis of the cases he draws the following conclusions: First. It is never idiopathic in its origin, but, when not traumatic, nor due to perforation of viscera, it is dependent either on extension of disease from adjoining viscera, or on certain nutritive changes, or on blood changes, such as occur in pyæmia, albumenuria, etc., or connected with struma, cancer, etc., or lastly, on local hyperæmia, arising from cirrhosis, disease of the heart, etc. The cause must influence the treatment to a greater or less extent. Thus, if from intestinal perforation, keep the bowels quiet until repair has taken place, and, as pain soon exhausts one, *quell the pain;* supporting measures from the onset are advisable to forestall exhaustion.

Case 2d. History: J. Lane, American, æt. 70, wife of a retired farmer. Seen Nov. 11th, 1870. Had enjoyed excellent health up to a few days prior to my being called in; even at her advanced age attending to the domestic duties of her house. Had experienced pains, at first obtuse, but latterly acute in the right inguinal region, which was rapidly diffused over the abdomen, being more intense in the right inguinal region. Her bowels had been regular. The tissues were well nourished, presenting that plumpness of

form commonly met with in rural districts, in the persons of young women.

Symptoms when first seen: Her appetite is lost; tongue covered with fur; lips dry; some thirst. Respirations thoracic in character, numbering 23 per minute. Knees drawn up; decubitus dorsal. Physical exploration of chest revealed its contents in a healthy condition. Micturation frequent, and with uneasiness. Countenance presenting that anxious expression so peculiar to acute, abdominal inflammations. Pulse, 128. Some pain in the frontal region of the head. Abdomen swollen and tympanitic, and so very painful I deferred its exploration until she was well under the influence of anodynes.

Treatment: opium powd. ipecacuanha aa. grs. 8. Mix and divide into eight portions. Give two the first hour, one every hour thereafter.

Progress of case: I was called four hours from date of first visit, being told the patient was much worse, *i. e.*, more pain She had taken five powders. Was not nauseated, and said the pain was much more intense. I prepared a solution of morphia, grs. eight to the ounce, of which I gave one drachm the first dose, reducing the number of respirations to eighteen in half an hour, at the end of which time she asked for more, saying it lessened the pain some. I gave one-third of a grain at her solicitation, and my own desire. At the end of fifteen minutes, as the last dose given produced no appreciable effect, I gave her one-third of a grain more, which she thought gave her a little more ease. At the end of the hour, the intellect remaining clear, the pain acute, the number of respirations eighteen per minute, I gave one-third of a grain more, making two grains of morphia administered in one hour.

The second and third hours, she took one and a half grains each hour, reducing the number of respirations to twelve per minute. The pupils were contracted, and the mind somewhat affected, but conversed intelligently when fully aroused. Physical exploration of the abdomen revealed a tumor in the right inguinal region, much the shape and nearly the size of an orange. It was here the pain was most acute. Directed the right inguinal region to be painted with comp. sol. iodine. The abdomen to be covered with flannel, moistened with warm turpentine. Left directions with an intelligent and educated lady to give the solution in half-drachm doses, not oftener than every fifteen minutes, unless the pain increased in severity, and the number of respirations were becoming more frequent. If reduced below twelve to the minute, to suspend its administration until they again arose.

At 10 P. M., the prescription was duplicated. She took one grain per hour since my call in the afternoon. Nov. 12, A. M.: Suffering intensely, owing to a reduction of the last two doses of medicine. The 12th, 13th, and 14th, she took twenty-five grs. of morphine each twenty-four hours, with beef tea and thickened milk for diet. Local applications were continued. The number of respirations were frequently as low as ten, and not to exceed thirteen per minute during this time. The abdomen was still distended, being tympanitic, save over the tumor, which neither enlarged or diminished its size. The pulse had fallen to one hundred beats per minute; varying some each way, but not to any considerable extent. 15th. Pain considerably less, yet suffering greatly upon the least pressure.

The doses of morphine to be reduced one-half, which change was not interfered with, and but little amendment on the part of the patient, until the 18th, at which time the distended abdominal parietes became less voluminous, being yet sore upon pressure of rather an obtuse character. At this time, she disclaimed all knowledge of anything that occurred, save the first day of her treatment. She progressed slowly up to date, 23d, about which time she became free from pain, the tumor presenting the same characteristics as when first examined. It was firm and unyielding to the touch. It was undoubtedly benignant in its nature, being probably a fibrous tumor. Her health has remained good up to this date.

Commentary: The tumor was the primary seat of inflammation, without doubt. She

had received no blow, fall or strain. Took plenty of exercise, but did not exert herself beyond her strength. Was not exposed to the inclemency of the weather, in one single instance. The hygienic influences surrounding her were good. In case first, from the best knowledge I have, I do not believe her to have been addicted to the use of opium or alcoholic stimulants. I am satisfied that the opium given was of good quality, and notwithstanding she took, (contrary to directions), fifty grains in one hour, it did not produce even well-marked narcotism. This, to some, may appear incredible, and it is only after a great deal of reflection I have determined to contribute this, being prepared to substantiate what I have averred.

The second case resided but a few steps from my own door, and was frequently seen by me, and though the toxic influence of the drug was marked, yet not to an alarming extent. *Pain is an antidote to opium.* The more intense the pain, the larger the dose of the drug can be administered in safety. Some practitioners are decidedly averse to giving opium in large doses. How they would treat a case of acute diffused peritonitis successfully without it, I know not. The cause must materially influence the treatment. Not long since, bleeding, active purgation, emetics, a blisters, etc., constituted the treatment. Let us briefly allude to the foregoing modes of treatment. Where dissolution takes place, it is by asthenia. Is bleeding indicated in such a disease? Is purgation the proper mode of treatment in intestinal perforations? Will mercury alone cure the disease? Ramsbotham says (speaking of puerpural peritonitis), "they rarely die, if paralyzed." But he enjoins the use of opium, too. Emetics are depressants, and though exceptionally they might be of value, their general use would bring about what we most fear, depression.

Quell the pain. If homœopathic doses will do it, they are large enough. If it requires one or more grains of morphia per hour to do it, they are small enough. So long as there is pain, and the number of respirations are not reduced below eight per minute, there is no danger to be feared from the quantity administered.

CATARRH OF THE NOSE, THROAT, AND STOMACH, OF EIGHT YEARS' STANDING.

BY JAMES F. FITZSIMMONS, M. D.

Wm. Bowre, about 47 years old, medium height, bilious temperament, and presenting the appearance of a confirmed dyspeptic, consulted me on the twelfth day of September, 1871, for a chronic difficulty of the stomach, which he said had afflicted him for about eight years. The history of his case, briefly stated, is as follows: He was a soldier during the war of Rebellion, for three years. Exposure caused acute pharyngitis, extending through the posterior fossæ; acute inflammation of the schneiderian membrane was established, and from what I could ascertain, I was led to think that tonsillitis was also present, though whether first, or last, I could not determine. Chronic inflammation, or catarrh of the nose and pharynx, was undoubtedly thus established. The mucous membrane, lining the nasal cavities, pharynx, and very likely extending into œsophagus, in this case, was the seat of an intense inflammation. Whether it is possible for it to have extended down through the œsophagus and attacked the stomach, is a question which I shall not undertake to prove. But the subsequent history leaves us only two theories from which we may decide. Following close upon the pharyngitis, pain, and tenderness of the stomach, with disordered digestion occurred, and continued up to the time when I saw the case. The patient assured me that he had suffered greatly from pain in the stomach, head, and chest, ever since his first attack, and that he was also annoyed by a constant discharge of tough, whitish mucus, from the throat, a thinner and more transparent mucous discharge from the nose, which, during the hours of repose would keep dropping drown from the posterior nares into the throat, from which point it was spat out, or swallowed. When I examined the patient, there was marked tenderness over the

epigastrium; percussion over the chest revealed no dulness; ascultation elicited nothing excepting the normal sounds. There was no tenderness over the hypochondria. The bowels appeared undisturbed, though the patient suffered some from constipation. The nose and throat was next examined. The schneiderian membrane was swollen, of a very dark red color. I think it would be better to say that this membrane was hypertropied. The pharynx, posterior part, was streaked from above downward with a stringy, whitish-colored mucus. The mucous membrane was a darker red and in patches, purple color. The tonsils were not enlarged. The patient had been reduced from one hundred and seventy, to one hundred and twenty-five pounds, and he presented a countenance indicative of great suffering; the features were pinched and pointed into a hopeless expression. Diagnosis: catarrh of the nose, throat, and stomach, caused by exposure in the first place, agravated by subsequent colds, unsuitable food, and exhausted by severe military duty (assisted perhaps by chronic diarrhœa).

But why should the stomach continue to be sore and tender after arriving at his home, where he had the best of care; when wholesome food, and good medical attention, both united to aid his restoration to health?

The nutriment could not be digested without intense pain, so much so, that all of the more nutritious food was entirely abandoned, the patient subsisting on small quantities of light, coarse bread, a little milk and tea; and these, he assured me, when partaken of late in the evening, caused so much pain as to keep him awake three-fourths of the night. Eructations were not frequent, nothing but a cutting pain, and burning heat.

Why, again, I asked myself, was it that all the medicine which he had swallowed did him no good? (for he assured me that no permanent benefit had resulted from any medicine he had ever taken) and for years it was his habit to take everything which was prescribed by numerous physicians.

The opinions of physicians differed; some thought his case hopeless, evidently regarding it as malignant; others pronounced it an agravated dyspepsia, and treated it accordingly. After years of suffering and doctoring, he resorted to patent cure-alls, and with how much injury I am not able to say; certain it is with not any benefit.

My conclusion was, as the man was temperate, and prudent, that the secretions from the nose and throat found their way into the stomach, and by reason of their acrid properties, *acted as a continuous irritant*. I informed the patient that this was my opinion, and that it would be necessary to treat the case accordingly, which I proceeded to do, in the following manner: The patient was placed on a chair, with a spittoon directly in front of him. I prepared a solution of nitrate silver, gr. 30 to ounce of water; taking a common catarrhal syringe, I filled it about three-parts full; as much as three drachms of this was thrown up through the posterior nares; the instrument was quickly removed, and the patient instructed to throw his head forward and downward, so as to permit the fluid to pass through, and escape out of the nose; where there is no obstruction this will always occur, provided the patient be always instructed as follows: After being comfortably seated, he should be instructed to open his mouth, fill up the lungs, and hold his breath. The operator must now at once introduce the syringe into the mouth and throat, pass it at once behind the palate, push it upwards as far as the bend (as much as an inch), and throw the contents in as quickly as possible, never giving the patient time to draw his head away. In taking out the syringe, the palate should not be pulled, nor drawn outward by the bulb on the point of the syringe. *Elevate the handle, turn the point downwards at the same time*, and no injury can result. The application in this instance caused a good deal of pain, sternutation and lachrymation, which continued one or two hours. Immediately after the injection, I used a probang, saturated in the same solution, and freely touched every part of the throat, and also passed it for some distance into the œsophagus. Following these applications, there was a great quantity

of ropy, whitish mucus, discharged by blowing, and hawking the spittoon was, I should think, half filled with this tough mucus; when poured out, the last of it drew out into a long, stringy mass.

The patient continued to suffer a good deal of pain in his head during the night, and vomited a little he had eaten. The following morning he reported himself as feeling considerably better, had partaken of a little more food than was usual for him, and felt less pain in the stomach. On the second day I used ten grains of nitrate of silver to one ounce of water, and again used the probang, and prescribed the following mixture for the stomach:

℞—Nitro muriat. acid, ℥ ii.
Tinct gentian ℥ i.
Infn. gentian, ℥ iv.
Tinct. card c. ℥ ss.

One teaspoonful of which was ordered to be taken before each meal. The medicine was not procured until the following day, but on the third morning he reported himself as feeling decidedly better; had slept soundly and had taken considerably more food, and felt little pain. I now substituted acid carbolic, and glycerine, in place of nitrate silver, and used these with a hand atomizer, showering the throat and nasal cavities, regularly once a day; when there were indications present for the use of nitrate of silver, this was used, after the parts were cleansed thoroughly with the douche and showers of spray.

These measures were persevered in for about six weeks, at the end of which time my patient was entirely well, could eat anything he wanted, and had gained thirty pounds of solid flesh. It is now more than a year, and he has continued to enjoy uninterrupted good health; occasionally yet he has some discharge from his throat, after exposure to cold.

If this case is of any importance, or of any interest to the profession, I will give the treatment of a few cases of nasal catarrh, and ozena.

PROBABLE ENCEPHALOID DISEASE OF THE LEFT KIDNEY.

REPORTED BY A. A. HAMILTON, M. D. ODIN, ILLS.

I was requested on Monday, 3d inst., by Dr. J. J. Fyke of Odin, to accompany him to Mr. Harris, about two miles south of their farm, to assist him in the *post mortem* examination of a child, aged about eight years, who had died the day previous (as was diagnosed by Dr. Fyke), with a tumor of the abdomen; but Dr. Patten of Walnut Hill (a regular knight of the steam tub, pepper and lobelia), who had been called in consultation with Dr. Fyke during the illness of the child, pronounced the disease a simple abcess of the bowels; recommended that it should be punctured, its contents evacuated, and that the patient would recover. Dr. Fyke differed with Dr. Patten in opinion, and hence the *post mortem*.

We made an incision, commencing at the *regio*-hypogastrica, carrying it along the middle line of the abdomen to the sternum, one other incision beginning just above the navel, and extending it around the left side to the spine, thus laying bare the anterior portion of the tumor. There was nothing remarkable or particularly interesting about the tumor except its immense size: it weighed eight (8) pounds.

For the satisfaction of Dr. Patten, and those who might incline to his diagnosis, Dr. Fyke punctured the tumor in several places, but it discharged nothing but a little serum, and it was adherent to all parts with which it came in contact as the transverse colon, sigmoid flexure, peritonium, and walls of the abdomen. There was no particular base of attachment by which it grew, and was supported by the general system. Its external surface was smooth and regular, and seemed perfectly organized, but upon making a section of it, we found the organized substance about one half inch thick—the remainder, consisting of a broken down, disorganized mass, resembling a powder partially wetted. There was no kidney, or anything resembling one on that side. The other organs were all sound and in healthy condition. Death resulted from pressure upon the diaphragm, obstructing thereby the action of the lungs.

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N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

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EDITORIAL.

THE AMERICAN MEDICAL ASSOCIATION.

During the last five or six years, especially, a portion of the medical press in this country has indulged in a chronic habit of criticising, or, more properly, of complaining about everything done by the American Medical Association. According to this portion of the press, nothing done by the Association is done right. If a question is started, and by a proper motion is laid on the table, or its consideration indefinitely postponed without debate, it is said to have been "gagged," or "choked down." If it is discussed fairly and courteously, the discussion is "mere wrangling," and "disgraceful waste of time." If a question of ethics is examined by a committee of the oldest and ablest men in the profession, and decided by the Association, it is all represented as done by political management and intrigue. The results of the scientific work of the Association, though filling a large volume annually, are represented as worthless and discreditable. If the members indulge in liberal social entertainments, they become gormandizers and wine-bibbers; and if they abstain, they are parsimonious and unsocial. In short, the Association, in the estimation of this portion of the medical press, is an utter failure, having existed a quarter of a century, and literally accomplished nothing in the way of promoting either the scientific, educational, or moral interests of the profession. As a rule (and we can at present think of no exceptions), this croaking is done through the columns of those papers or journals whose editors have either never attended or actively participated in the meetings of the Association. In one or two instances they may have sent a reporter to note the proceedings; but, for the most part, they have relied on the imperfect reports of the secular press. Hitherto we have paid little attention to these fault-finders, thinking that they would either get weary of their own work, or commit themselves to some definite plans for remedying the evils of which they complain. And during the present year we have been gratified to find in the columns of most of them positive suggestions for improvement. The *Medical Record*, of New York, for July 1st, took the lead; and like a truly scientific physician, the editor first points out the *cause* of the existing evils. His startling discovery in this respect, together, with his proposed remedies, we give in his own words, as follows:

To Dr. Davis, more than to any one man, more indeed than to any number of men, the Association is indebted for whatever of evil or of good it has accomplished. A natural and practiced speaker, with a talent and taste for business management that is quite rare among physicians, he has from the foundation of the association been one of its leading spirits, and now almost entirely controls it. A large proportion of the delegates are utterly ignorant of the rules of the Association, and are utterly indifferent to its business management; while Dr. Davis is exhaustively familiar with every fact of the Association from its birth until now, and is thoroughly enthusiastic for its welfare; has, indeed, made this matter a specialty of his life. The delegates who vote at all find it easier to vote with Dr. Davis, whom they suppose to know more than any other man about any subject that is presented, than to study it up for themselves, and hence it happens that we have the strange spectacle of a thousand men—the best representatives of the medical profession in America—yielding to one-man power with the most absolute satisfaction and unconcern. If Dr. Davis had gone *alone* into the hall at Philadelphia, made himself chairman, secretary, and treasurer of the Association; if he had proposed and seconded and voted on all the resolutions, the final result would have been just about as it was with a thousand men around him. It was on the Friday morning session that the relation of Dr. Davis to the Association appeared most conspicuous. The order of business was the disposal of the business

on the secretary's table. The secretary began to read the resolutions that had been handed him, and to make motions concerning the publication or non-publication of papers. Then there followed an exhibition, the like of which eye hath not seen nor ear heard, neither hath it entered into the heart of man to conceive—an exhibition which probably is without a parallel in the history of public conventions. Dr. Davis, who had taken a seat near the pulpit, eagerly watched every resolution as it was read, and every motion that was made, and successively disposed of them according to his own wish. Other members made motions to table, to reconsider, or to do this or that; but nothing was finally settled contrary to Davis' wishes. Other voices were heard from near and from far in feeble protest, but all were drowned in this one voice. Meanwhile, from every part of the church, from the pulpit and from the vestibule, men were seen rushing to Davis, and in tones of humility and reverence, such as are supposed to be appropriate for those who address the Almighty—were craving his permission to make or to modify resolutions, to insert this or take out that, as though all well knew that it would be useless to attempt to carry any measure to which he was opposed. The king received his subjects with mingled firmness and gentleness, as every good ruler should; some were favorably answered, others doubtfully, and others sent empty away, sad and discouraged. We give one illustration out of many that might be given. When Dr. Reese's carefully-worded resolution in regard to woman was brought up, a few prominent members seemed to be disturbed lest the Association might again disgrace itself and the country on this subject, and there appeared to be quite a general feeling that perhaps it might not be impossible to redeem the bad record of the past quarter of a century. Then arose Dr. Davis, and half jestingly said that he "preferred to talk with the ladies in Fairmount Park, than talk about them here;" and at once, in the twinkling of an eye, the representatives of forty thousand educated physicians said, Amen!

In short, Dr. Davis was the Association. It was a strange, a sublime, a picturesque sight—this voluntary, unanimous, unswerving and unconscious yielding of a thousand wills to one. If there was any single measure of the Association at the meeting that was at all displeasing to Dr. Davis, he has only himself to blame; he had only to breathe a wish, and it was his.

These words are not in censure of Dr. Davis; they are rather in his praise. But for his watchfulness, care, and supreme influence, the Association might have passed we know not how many absurd resolutions.

Now, it would be very difficult for any one man to fully represent the views of the leading minds of the profession in this country on all the great questions that arise; and Dr. Davis is certainly not the man, for on the woman question, and on certain matters of ethics, he no more represents the best physicians of America than Dr. Martyn Payne's work on Materialism represents modern science. He has a perfect right to his views. He has as much right to worship the eighteenth century as we have to worship the nineteenth. If a man takes pride in being a quarter of a century behind the age, there is no law to interfere with him. He has a legal, though scarcely a scientific or moral right to Bourbonize the American Medical Association; and if the members of the Association allow themselves to vote for wicked and cruel and iniquitous measures, that would disgrace the lowest order of politicians, they must bear at least a part of the blame.

It is not our purpose here to find fault, but to explain what to many has been a great mystery, the failure of the American Medical Association to represent the American Medical profession.

We close with these suggestions: First, let the meetings of the Association be held with closed doors. What would be thought if all the petty squabbles of our county societies were regularly published in the newspapers, so that the world could know by heart every blunder that we make? Why should the vaster, more important, and annually recurring blunders of the American Medical Association be made the property of the laity, and advertised over the land to our perpetual shame? Our friend President Yandell, in his closing address, said that the session "had inspired the spectators in the gallery with a higher respect for the profession in America." Now we venture to say that if the few straggling spectators in the gallery had brains enough to be inspired with anything, it was with a *lower* respect for the medical profession in America; and their feelings must have been shared by all intelligent readers of newspapers.*

* A few years ago, when the Association met in New Haven, a resident of that city, a calm, wise, and judicious man, who had no prejudice against science or our profession, a man in no way cynical, but thoroughly genial as well as scholarly, and who had heard and read the debates in the morning sessions, made this remark: "*The American Medical Association is the greatest of all humbugs.*"

Secondly, as far as possible re-elect delegates so that the Association shall comprise men who know something of its history, rules and management.

Thirdly, banish to everlasting darkness that mass of useless lumber called the Transactions, and all discussions about them, and let the papers that are worth anything be published, in the same century in which they were written, and where they will be read by somebody besides the Permanent Secretary.

Fourthly, let all the important work of the Association be done by *large committees, fairly chosen.*

A body of a thousand men cannot determine complicated questions in a breath; there is a need of the study, and care, and reading, and conference, and time, that only a committee can give.

The charge has been made that the committee on ethics, that has made so much trouble in the country and has done so much dishonor to our profession and our country before the world, is a *packed* committee. We have no evidence of the truth of this charge; but hereafter let the committees be chosen in such a way that no similar charge can be entertained.

Let these suggestions be carried out, and the American Medical Association may become a power instead of a farce in the profession. Its suggestions will be received with respect, even when they are not adopted, and it will elevate instead of degrading the science of America.

So it appears, by the *Record*, that the senior editor of this journal is the all-controlling spirit, who must answer for all the sins of the Association.

We will not stop, however, to waste a moment on personalities. We have given the quotation as a fair specimen of the way nearly all these fault-finders draw on their imaginations for their facts. We are told, in substance, that the *thousand* members assembled from all parts of the country needed only to know the wishes of Dr. Davis on any subject, and they were at once complied with. And the doings of the morning session of Friday are specified as an example, and a vivid picture is drawn of what one might imagine the writer saw passing before him on that occasion. Being wholly unconscious of any such scene as represented in the *Record*, we have taken the trouble to refer to the official record of the proceedings of Friday, and find that during the general session of that day there were thirty-four subjects presented and acted on by the Association. Four of these were resolutions relating to eminent deceased members; eight, resolutions of thanks to different parties; and five were simple motions to refer reports of sections and committees to the committee of publication. Of course, no one thought of voting against any of these. The remaining seventeen related to items of miscellaneous business; and, strange as it may seem after reading the above quotation from the *Medical Record*, no less than eight of these were *not* disposed of in accordance with either the votes or wishes of Dr. N. S. Davis. It appears that he made only two motions during that session: one to refer a certain matter to a special committee, and the other to adjourn. He occupied the floor three times: once in reply to the sweeping assertion of Dr. Gross, that in regard to medical education the Association had been an "utter failure;" once in regard to the proper method of disposing of papers and reports in the Sections; and the third time was the playful remark that he would rather meet the ladies socially in the Park (where the Association had been invited to spend the afternoon), than to hear their merits discussed in that assembly. So far from opposing the "carefully-worded" resolution of Dr. Reese, in relation to the medical education of woman, on the first motion, by which it was laid on the table, he did not vote. At a subsequent stage of the meeting, when Drs. Rogers and Busey explained that the resolution had not probably been understood, and asked for a reconsideration, he voted promptly in favor of taking it from the table and giving it a rehearing.

The truth was, he regarded the resolution as of no practical importance, and felt entirely indifferent as to how it might be disposed of, provided its movers had a fair hearing. And it was not until it became evident, on its second consideration, that the first clause would elicit another discussion on "the rights and capabilities of woman," that he rose and reminded the members that it was

within a few minutes of the proper time for adjournment, and expressed his preference for the society of the ladies in the Park, over the hearing of a discussion on their rights and wrongs on that floor. And if the assembled *thousand* said amen to the suggestion, it was not so much from any magic influence of one man, as it was because the suggestion was in accordance with common sense. It is evident from the whole tenor of the article in the *Medical Record*, that it is the supposed position of Dr. Davis on the "woman question," and on the committee on ethics, that constitutes him a Bourbon and a representative of the eighteenth instead of the nineteenth century.

But here, too, our friend of the *Record* has drawn on his imagination, instead of the facts of history. If he had taken pains to refer to the record of proceedings of the meeting of the Association in Washington, 1870, he would have found that the committee on ethics, of which Dr. Davis was a member, reported unanimously in favor of admitting the delegates from the Woman's College and the Woman's Hospital, of Philadelphia, there being nothing in the Constitution or the By-laws to prevent it. But the Association refused to adopt the report of the committee.

The following year, at San Francisco, he was again a member of the committee on ethics, to whom was referred the credentials of the delegate from the Woman's Hospital of Philadelphia, and said committee declined to express any opinion on the subject until the Association had acted on an amendment to the Constitution, proposed by Dr. Henry Hartshorne, touching the same subject, and the adoption or rejection of which would decide the question referred to the committee. And at the last meeting in Philadelphia, the committee on ethics had no question referred to it touching the rights of woman or woman's institutions. And as to the other so-called great question of the age, the rights and social status of the colored men, it has never been referred to, or considered by, the committee on ethics, either directly or indirectly. Neither has the committee ever made any report touching that subject. There is not in the Constitution, By-Laws, Ordinances, and Code of Ethics of the American Medical Association, one word or syllable in relation to distinctions of sex, race, or color. And as an individual member of the Association, Dr. Davis has opposed all propositions to change this position in any of these respects, believing it better that every annual meeting should be left free to exercise its own judgment, untrammeled by constitutional barriers. Whenever his opinions or council have been asked touching these matters, he has uniformly advised that whenever a delegate presents properly attested credentials from any society or institution *entitled to representation* in the Association, such delegate should be admitted without a single question in regard to individual sex, race, or color. And if a delegate presented credentials from a society or institution concerning which the registration committee had charges or information of ineligibility to representation, such committee should report the facts to the Association for its action.

Having thus disposed of the more personal aspect of this subject, we shall in future numbers devote a few pages to a careful examination of the various propositions for improving the organization and working power of the Association, hoping that it may prove both interesting and useful to our readers.

Large Doses of Opium.—We publish the article of Dr. Carpenter, in the present number of the Examiner, because we think it desirable that such facts, when they exist, should be put on record for reference; yet we cannot recommend the use of such enormous quantities of opium. To give from three to five grains of opium in substance, every fifteen, thirty, or even sixty minutes, is faster than the mucous membrane of the stomach will absorb it; and there must always be great danger of such an accumulation of the drug as will endanger the life of the patient, whenever the intensity of the pain abates. If we admit Dr. C. to be correct in the supposition that the opium he used was of good quality, we cannot explain the re-

sults, except on the assumption that the stomach was in such a condition it did not absorb the active constituents of the drug, and they passed the bowels with the fæces.

IMPOSITION.—We have received a *hand-bill* from Monence, Ill., headed "To the Sick," in which Drs. Gray and Cole make large promises in regard to curing all chronic diseases; and as references, at the bottom of the bill, are the names of "N. S. Davis, M. D., LL.D.; Moses M. Gunn, M.D.; and S. Small, M.D., of Chicago." Having never authorized any such use of our name, either with or without the anomalous "LL.D.," the only recommendation we can give concerning Drs. Gray and Cole, is, that they be rode on a rail out of every town in which they post such a hand-bill.

Gleanings from Our Exchanges.

CLINICAL SIGNIFICANCE OF SPUTA.

Dr. A. J. Steele, of St. Louis, writes to the *Medical and Surgical Journal*, of that city:

We have not been able to diagnose pulmonary tuberculosis by means of the tubercle cell found in sputa; and while willing to believe that there is a tubercle cell, *sui generis*, which if found in expectorated matter would afford sufficient evidence of the presence of tubercle in the lung, still, practically, this is not known to be possible; for there are so many other elements going to make up the mass of the sputa, namely, epithelial, pus and mucous cells, granular matter, broken down and degenerated tissue, that our cell tubercle, if actually present, is so obscured and concealed as not to be recognized; again, if present, it has so undergone disintegration as to have lost its characteristics, and thus cannot be made available.

The microscope detects in expectorated matter but a single substance that may be considered pathognomonic, namely, elastic tissue. Its presence signifies lung destruction, brought about by inflammation and ulceration, the latter process not confining itself superficially to the mucous surface, but having extended deeper into the parenchyma itself.

The basement framework of those organs so beautifully adapted to the aeration of the blood, reminding one, with their open spaces and interstices, of sponge, is composed of elastic tissue, which, being of comparatively low vitality, *i. e.*, less vascular than most other tissues, is but slowly susceptible to the destructive process; and thus from ulcerative action fragments of it will be detatched and thrown off, still retaining, however, their histological arrangement, being thereby readily recognized under the glass. All sputa does not contain it, but when found it points unerringly to but one source, and thus its clinical importance.

While the appearance of these elastic fibrillæ is peculiar, yet the novice might confound them with the fibre of linen, silk, or cotton. Still, each have their characteristics, and a little practical observation will enable one to distinguish each from the other. So, also, the curved streaks of mucus so often present have been mistaken for elastic fibres. A drop of acetic acid at once decides the difference. Elastic fibres are curved, divide dichotomously, are of equal width, sharply contoured, and remain unaffected by acetic acid; once seen, are ever after recognized; best studied from section of healthy lung.

If from the sputa is taken a small quantity of the paler portion of the lumps, and if the grayish masses especially are examined on the slide, the elastic tissue will ordinarily be found. Specimens from different portions of the sputa should be subjected to the glass; a delicate hook to catch up, and scissors curbed on the flat to nip off the matter examined, are convenient. A drop of acetic acid, which dissolves for the most part the substances present, brings out the elastic fibres more decidedly. When much in doubt, it is well to boil the suspected expectoration in *liquor sodæ*. On cooling, the elastic tissue falls to the bottom of the settling glass, and can readily be removed with the pipette. A power of 300 is quite sufficient to exhibit the fibres.

Such a simple matter is this examination, that I am in the habit of subjecting the expectorated matter of most patients afflicted with lung trouble to it.

The special practical importance of this sign is its early recognition of the destructive changes taking place, before other signs indicate it; before even it is suspected, the microscope tells the certain story of disintegration of air vesicle walls. If diagnosis is much in the practice of medicine, surely an early knowledge of the facts is all the more important. "Had I seen the case earlier, or had I only known in time," so often remarks the medical man, "the issue would have been different." While undue prominence should

not be given to the microscope, still it should hold its legitimate place in the means employed to diagnose disease. Too much neglected in the past, the day comes when it will be found a working tool in the hands of every physician.

Lung destruction associated with tuberculosis is much less amenable to treatment than when it is simply an inflammatory affection. The concomitant symptoms in the former case, the hereditary and personal peculiarities, with the history, enables it to be readily distinguished, and makes the prognosis guarded; while in the latter case, a good result would be expected, even though a cavity in the lung should have been found. Just here, and in conclusion, we cannot avoid the suggestion that old cicatrices found in post mortem examination of the lungs, and proclaimed to be evidence of pulmonary consumption cured or arrested,* have been proof merely of nature's repair of excavations produced by a simply ulcerative process entirely unconnected with the tubercular diathesis. These become the cases of so-called "spurious consumption."

VIRCHOW ON COHNHEIM.

The position which Virchow would take on Cohnheim's discoveries has been a question of profound interest to the scientific world ever since the announcement of the "migration theory." For nearly two years the great master has withheld his opinion of the value and significance of the results claimed by Conheim, one of his most illustrious pupils, a fact which has given rise to much speculation on the part of those who "only swear by Virchow" as to the real import of Cohnheim's investigations. The publication of the new edition of "Virchow's Cellular Pathology raises the veil at last and squarely exposes his views of those more recent discoveries which seemed to threaten the foundation of Virchow's life-time labors.

Virchow still maintains, to the letter, his old opinions concerning the process of inflammation. It is observed in its simplest forms in non-vascular tissues where it induces nutritive and formative changes in the cells. In vascular tissues the vessels are brought into the same scale of changes; white blood corpuscles escape from the vessels and the process is thereby complicated.

Concerning suppuration, Virchow expresses himself (p. 536) as follows:

"The more profound, properly ulcerative suppuration takes place regularly in connective tissue or its equivalents. There is first an increase in the size of the cells (connective tissue), the nuclei divide and proliferate in high degree for a considerable time. Very soon there follows then division of the cell elements themselves. In the vicinity of the region of irritation, in the place of the former individual cells, there are found double and manifold cells from which is developed usually a new formation, homologous in kind (hyperplastic connective tissue). Inwardly, where the cells were already filled with nuclei, masses of small cells appear which at first maintain the position and form of the former connective tissue corpuscles. Somewhat later are encountered roundish masses (depositions, abscesses) or diffuse infiltrations within which connective tissue is extremely spare, and as the deposition increases the connective tissue becomes more and more rare and soft. How great a share the immigration of white blood corpuscles takes in this procedure must be left to further and more accurate observation. Many modern and rather one-sided investigations, evidently deduced from false premises, have given a wrong interpretation to these processes. Yet this is all the more pardonable in that we ourselves have been just as one-sided hitherto in our consideration solely of cell proliferation. As to the later course of the inflammatory process, it matters little whether the new cells are ascribed to proliferation or immigration."

And again, as a characteristic selection:

"The investigations into the immigration of the colorless blood cells are far from shaking my doctrine of cell derivation from previous cell, '*Omnis cellula e cellulâ*;' they have only served to confirm it. Much of error in interpretation has been corrected by this discovery, but the cellular principle receives from it an essential support. Whether a great part of the exudated cells arises directly from the blood, or whether these cells, as Stricker claims, divide and still further increase in the exudation, it matters not; the young breed, in either case, springs from previous cells.

"Plastic exudations are no longer plastic in the old sense of the word, and it is not the free plasma or fibrin which furnishes new cells by organic crystallization, not the intercellular substance which, as cytoblastema (Schwan's doctrine still of cartilage) produces new elements from itself, but it is the cell substance itself, the protoplasma of our day, from which, in the course of continuing proliferation, the organic entities are newly formed. The formative force (nisus formativus), the plastic power (vis plastica) belongs

*Watson's Practice, ed. 1858, p. 630.

still to pre-existent elements, not to the blastema, the sucens natritius. It is strange that there are a few who maintain that my whole theory of tissue construction was erected upon connective tissue; that it was only from connective tissue that new elements could be developed. At no time have I cherished such a view. I have at all times recognized the formative properties of the epithelial formations. It was I who first described the proliferation of the nuclei in the primitive muscular bundles, and of the capillaries during the process of irritation; more than all this, at a time when the colorless blood corpuscles were almost disregarded, I referred to these corpuscles the organization of the thrombus. I am very far, then, from opposing myself, in envy, against any positive advance in our science; on the contrary, I hail every new discovery in this department as a new weapon in defense of my original views. —*The Clinic.*

A CASE OF EXTRA-UTERINE GESTATION.

BY JEAN PAUL BONSIEUR.

Rupture of the Large Intestine; Cesarian Section; Cure; by L. Adams, Surgeon to the Hospital of Sorocaba, (Brazil).

Blandina de Barros, a mulatto, æt. 30, entered the hospital, October 13; she stated that her pregnancy was between the seventh and ninth months, and complained of pains across the epigastric region and in the loins. At the end of the ninth month these pains ceased, a general œdema invaded the body. We had, before her entrance, treated her for an ovaritis or metritis and so weakened her by medication that she was extremely reduced. The odor from the body was so great that no one was able to take care of her; she had an ulceration and a fistula near the umbilicus which permitted the escape of pus and excrement; and for a month pus was abundantly discharged from the rectum.

On her entry to the hospital M. Adams found her pregnant, but the uterus was empty; an injection thrown into the fistulæ returned by the same opening forcing out pus and fecal matter; on introducing a small pair of forceps he withdrew a bone, the radius of the infant, and afterwards a cuboid bone. Seeing the state of the patient, M. Adams decided on the performance of Cesarian section. The patient was anæsthetised; he made a long incision of six inches through the abdominal walls and the adherent peritoneum. He tried to pass his finger through the opening, but met considerable resistance; he then cleansed the wound, finding a great quantity of false membranes adhering to the peritoneum, and a fibro-vascular tissue forming a second diaphragm enveloping the intestines and concealing the fœtus.

After a long dissection of the ovaries we arrived at the fœtus, which was extracted in a state of putrefaction, but with the loss of hands and feet which had escaped by the rectum, for the patient had, for near a month, loss of putrid matters by the rectum. Having cleansed the wound with a sponge impregnated with chloride of sodium, oil of camphor and benzoine, M. Adams found the uterus normal, and the only communication with the intestine was through the Fallopian tubes. The ovaries were nearly atrophied. There were three fistulæ from the rectum communicating with the abdominal cavity. The large intestine was divided and ulcerated; it was impossible to discover the termination, which was lost in the mass of tumor. The intestine is completely concealed in false membranes. The sphincter ani has lost all contractile power; to the left of the ovary we found a fistulous opening, which we recognized as the intestine. Dressed the wound and administered for the night an opium pill and an ounce of aromatic confection. In the morning the patient said it had been long since she had slept so well.

Oct. 14. The pulse 55; great debility. The patient had had a chill and complained of exhaustion. Ordered port wine and quinine. A great quantity of pus and fecal matter came through the incision.

From this time an improvement continued; on Nov. 10th cicatrisation was complete, and the feces found exit from the normal outlet. —*Gaz. Med. de Paris,* Aug. 10, '72.—*The Clinic.*

Transplantation of Black Skin. — M. Reverdin proposed the two following questions in his communication concerning skin grafts. 1, Is the graft an excitant to the action of the skin? 2, Is it the cells of the graft that multiply? M. Bryant adopts the latter opinion. A white man had a large ulcer of the leg. The surgeon transplanted upon it skin from a negro. The ulcer dimished in extent, and the black skin increased.

Apropos of this fact, the same author observes that it is better to transplant from the same individual than from another, as in this way danger of communicating cancer or syphilis is avoided.—*Gaz. Med. de Paris,* Aug. 24, '72.—*The Clinic.*

Recent Researches of Prof. Brown-Sequard on Epileptoid Convulsions.—At the stated meeting of the New York Pathological Society, Sept. 25th, Dr. Brown-Sequard gave, in a brief manner, some new facts in regard to the production of epileptoid convulsions in animals, especially the Guinea pig.

The first animal exhibited had been operated upon so as to expose the spinal cord. This operation in the Guinea pig, as was long ago demonstrated by the speaker, is almost invariably followed by convulsive attacks similar in three essentials to those of epilepsy in the human subject. By irritation of what the doctor calls the epileptic zone, the skin of the neck near the ear, convulsions can be produced at will; the movements last from thirty to sixty seconds. Animals so operated upon never recover. The injury is irreparable, and after some months death takes place. A recently discovered and very interesting fact with regard to the production of these convulsive movements in the Guinea pig, is that injury to other nerves will be followed by phenomena similar in all respects to those produced by injury to the spinal cord.

Division of the Sciatic nerve in the Guinea pig produces results similar to, if not identical with, those produced by injury of the spinal cord.

In this pig, remarked the professor, the sciatic nerve has been divided quite recently. I now irritate, by pinching the skin of the neck, and you notice that the animal is thrown into violent convulsions, of short duration.

Another animal was exhibited, in which the operation had been done some time ago. In this animal the convulsions could be produced with difficulty, as recovery was beginning to take place.

Another one was shown, nearly well, in which, after powerful pinching of the epileptic zone, no convulsions resulted. In these animals, recovery takes place when the divided nerve is re-united. You will observe in two of these pigs that the toes of the leg supplied by the divided nerve are gone; the animal itself has eaten them off. The explanation of this fact is very simple: sensation of the part is abolished, and the pig eats it, just as it would anything else that came in its way. Here you notice one toe is left; it is supplied with *sensation* by a branch of the crural nerve, and has, therefore, escaped destruction. I have said that animals, after a certain length of time, recover. This is shown by increased sensation in the epileptic zone, and by the falling off of the hair at the same spot. And now comes a very remarkable fact. These peculiarities or traits induced by this operation are *transmissable*. The young of the toeless father or mother, when also born without toes, are liable to convulsive seizures precisely similar to those of the parents, and recovery is preceded by falling off of the hair at the epileptic zone.

The facts show the wide range of phenomena produced when the nerves are injured, and no one observer, no matter how diligent, is capable of interpreting them. In conclusion, Dr. Sequard urged upon the younger members of the profession the necessity of aiding him in these investigations. The operations are simple, the results manifold and complex, and need careful observation and truthful record.

Dr. Sequard will, at an early date, give a series of lectures upon the results of his recent researches.—*Medical and Surgical Reporter.*

Healing of Ulcers by Serum.—I have had several opportunities, during the year 1871, of trying the method I explained the previous year, of healing ulcers by covering them with serum. I propose to enlarge the observations during the coming year, and vary the methods already employed. Several striking results have, however, been got. In one case, for example, a sore the size of a penny was healed in forty-eight hours; in another, one of three ulcers, each abou the size of a florin, was experimented upon, and closed in three days, while the other two, in all respects similar, but treated by "water dressing," remained unchanged. In another case four hours and a half sufficed to produce a thin bluish covering of epithelium, like the "healing line" along the edge of contracting sores. Considerable care is requisite to ensure success, as the fluid must be carefully protected from contact till it "sets." When these experiments are complete, I will give an account of them.—*Glasgow Medical Journal.—Canada Lancet.—The Clinic.*

Death of Phila. Physicians. — The last number of the *Phil. Med. Times* (Oct. 5, '72) records the death of Prof. Edward Parrish of the Phil. College of Pharmacy, author of the well known Parish's Pharmacy, and of Dr. George Pepper, Accoucheur to the Philadelphia Hospital.

A Nut for Vital Statisticians. — During the recent strike of the scavengers of Edinburgh, the mortality of that city fell to 15 per 1000, far below the ordinary average.

Ingrowing Nail.—I desire to add a mite to the evidence repeatedly given in the *Journal* that the removal of the nail (to my knowledge not always successful) is unnecessary.

About twenty years ago, I applied a bit of compressed sponge to afford temporary relief, and was delighted to find that it effected a radical cure. I make the sponge as solid as leather, by wetting, and then winding string very tightly round it, and drying it thoroughly. Of this, I cut a small pyramidial piece, less than a grain of rice. This I insert beneath the nail, and secure it by strips of adhesive plaster, applied longitudinally, to avoid compression. The sponge soon becomes moist, and swollen, keeping the nail from the irritated flesh. Any granulations should previously be destroyed with strong nitric acid. I have adopted this plan upon many occasions, and have never found it to fail. — *Benjamin Blower — Brit. Med. Jour.*, Sept. 21, '72.

Book Reviews.

Epidemic Cerebro-Spinal Meningitis, with an appendix on some points on the causes of the disease, as shown by the history of the present epidemic in the city of New York. By Meredith Clymer, M. D. Philadelphia: Lindsay & Blakiston. Chicago: Jansen, McClurg & Co. Price, $1.00.

This is a small monograph of 60 pages, reprinted from the author's additions to the American edition of Dr. Aitken's "Practice of Medicine." From the statistics of the Health Department of New York city, the author has compiled a short history of the present prevailing epidemic in that city, with a view to throw some light on the vexed question of the causes of the disorder. The following quotations embody the main facts evolved from the history.

Cerebro-spinal Meningitis made its appearance as an epidemic in the city of New York, for the first time, about the beginning of the present year (1872). The first series of recognized cases were reported to the Bureau of Sanitary Inspection of the Health Department on the 6th of January. There is no doubt that isolated cases had occurred during the previous year. From January 6 to May 31, inclusive, *six-hundred and thirty-two* (632) cases have been reported to the City Sanitary Inspector, and *four-hundred and sixty-nine* (469) deaths to the Bureau of Records of Vital Statistics. This does not include all the cases happening during that time, for at the beginning of the epidemic, many physicians, from want of personal familiarity with the disorder, failed to make a correct diagnosis, and neglected to report their cases.

At the time of the outbreak of the epidemic there had been a long drought, and the rain-fall had been less during the last three months of 1871, than in the same period of time for some years. The streets and avenues were in a filthy condition; in all, but particularly in those wards which became the chief nests of cerebro-spinal meningitis, there were large collections of garbage, and, necessarily, a great deal of vegetable and animal decomposition. A peculiar and disagreeable odor and taste in the Croton water during the winter and spring, had been noted and commented on. An increase in the common zymotic diseases had been reported to the Health Department. The long-lasting drought had been favorable to the contamination of the springs and wells by the products of vegetable and animal decomposition. The continued absence of rain in the city favored the exhalation of noxious gasses from the heaps of decaying vegetable and animal matter, promoted evaporation from the deep soil, and hindered the proper flushing of the sewers. Reference to the accompanying map, so carefully prepared by Dr. Moreau Morris, City Sanitary Inspector, — and which he has most generously permitted to be engraved for and published with this essay, — will show that the chief nests of the epidemic were in those districts in which the original water courses had been dammed by the filling up of streets and avenues, and over the adjoining water-saturated land. Most of the cases of the disease were grouped on and about the made land, originally marshes. One of the most striking examples is in Collect Place, a swampy spot in the Fourth Ward. Basements over these marshy places were never dry, and the walls are often covered with cryptograms.

In those districts where these factors were absent, the elected haunts were densely populated tenement dwellings, in which the house drainage was invariably found in bad condition. The part played by the diffusion of foul sewer gases in favoring the development of the disease would seem, by the collected evidence, to be unquestionable.

Dr. Morris writes: "Wherever we have carefully examined the local conditions, it has been found that the drainage of the premises has been faulty, or that the immediate sur-

roundings have presented such conditions as must necessarily give rise to some form of disease, — cellars containing decomposed or decomposing vegetables, garbage, or other filth, in a putrefactive condition, and privy vaults located beneath the sleeping-rooms, windows in cul-de-sacs, where there were no free currents of air. The most usual defects discovered were connected with house drainage. These cases are not confined to the abodes of the dirty, squalid, and poor, but houses of a better class, with brown stone fronts, have furnished their victims. There can be no doubt that overcrowding, with its attendant evils, accumulations of ordure, refuse, and various kinds of filth, absence of a proper supply of pure, fresh air, and personal neglect, invite and aggravate certain epidemic tendencies, and, consequently, we find on examination of the map indicating the localities where cerebro-spinal meningitis has prevailed, that the largest proportion is to be found where these conditions obtain. In wards where the population is very dense, and live under these unfavorable influences, there have been many more cases than in other wards with better hygienic surroundings."

There is no evidence of the propagation of the disease by contagion or infection. Persons ill of it were constantly removed to other and healthy localities, and yet careful investigation shows no case following exposure in individuals who were in direct contact with the sick.

The largest number of cases occurred as single ones in separate localities. In houses in which there was more than one case, they were, as a rule, limited to one family, or occasionally to two living in the same dwelling, or on the same floor, and exposed to the same aetic factors. Several persons were attacked when away from their homes; in some of these, the local influence could be clearly made out, and such observations are, moreover, valuable by showing a period of incubation, notwithstanding the usual absence of precursory symptoms, as before stated, and the suddenness of the seizure.

Principles and Practice of Surgery. By Frank Hastings Hamilton, A.M., M.D., LL.D., etc., etc. Published by William H. Wood & Co., New York. 1872.

Prof. Hamilton first became known, nationally, by means of his statistics upon fractures, by means of which he demonstrated the necessary imperfection of results in most cases of broken bones. This work, by showing the absurdity of demanding perfect results in the treatment of fractures, furnished a weapon of defence in mal-practice suits, which was made use of with excellent effect, and did much to put an end to the mania for prosecuting physicians, which was then going like an epidemic over the country.

Afterwards, Prof. H. published a work on fractures and dislocations, which, though carelessly written in certain parts, was full of thorough investigation in others, and is probably the best book in the world on that subject. He also issues an excellent book on military surgery, which is widely known.

The present work, therefore, is sure to command attention. It is an octavo in one volume, of 950 pages, and illustrated with 467 wood cuts. Part first is on general surgery. It comprises chapters on inflammation, abscess, ulceration, gangrene, tetanus, wounds, venereal diseases, aneurism, etc., embracing all affections and operations which are not necessarily limited to a particular region. Part second is on regional surgery. In the chapters on syphilis, Dr. Hamilton seems to lean to the ideas of the dualists, but does not very clearly enunciate any opinion on the subject.

In respect to antiseptic surgery, the book is extremely vague and unsatisfactory, which, considering the present state of knowledge on that subject, is to be regretted.

In fractures and dislocations, on the contrary, the discussion is clear, full, and admirable. In dislocations of the hip-joint, the author has availed himself of Bigelow's investigations, and is the first author of a general surgery, to put that topic on its new and revolutionized basis. On the whole, this is one of the best text-books upon surgery which we have ever seen, and we recommend it highly to the profession.

E. Andrews, M. D.

Transactions of the Twenty-second Anniversary meeting of the Illinois State Medical Society, held at Rock Island, May 21st and 22d, 1872.

A volume of 230 pages, containing the usual assortment of valuable and interesting reports and essays.

Original Communications.

MERCY HOSPITAL.

SERVICE OF PROF. J. H. HOLLISTER.

Catarrhal Inflammations, with Clinical Remarks upon a Case of Chronic Laryngitis.

GENTLEMEN: — You will have observed, in passing through the wards of the hospital, that a large number of cases have presented themselves, in which the patients are suffering from what are familiarly known as *malarial diseases*. Among them we find, in different degrees of intensity, and in different stages of progress, the usual forms of intermittent, remittent, and bilious affections. But as the season advances, we shall note a marked change in this respect. We shall, indeed, have serious complications to treat, and some of them of grave character, as the *sequalæ* of these diseases; but the fresh and typical forms of malarial diseases will soon cease to present themselves for treatment for the balance of the current year.

Two other forms of disease will now come more prominently to your notice, and require a large share of your attention. They are incident to the season of the year upon which we now enter, and such is their importance, such, often, their gravity, that in the present course of instruction, they will receive at our hands very critical attention. The diseases to which I refer are the various manifestations of catarrhal inflammation and rheumatism. And as you will be called to study a variety of catarrhal affections, as different patients are presented, I wish to premise a few general remarks, upon the causes, pathology, and treatment of catarrh in general.

Catarrhal inflammation involves only mucous membranes; but wheresoever these are found, there the disease may be manifested. It consists in a *hyperæmia* of that structure, rendering it swollen and soft, and increasing very greatly the secretions from the free surface, of a mucous, viscid in character and rich in corpuscles.

The persons most liable to this disease are sometimes plethoric and of full habit — others of anæmic condition, and predisposed to local inflammation; the first most frequently being affected in the respiratory tract, the latter in the intestinal or vaginal membranes. Persons with thin and delicate skin, and inclined to perspire freely, are most liable to be affected.

There is a very marked tendency to the re-development of catarrhal diseases in parts that have been formerly affected; and their repetitions may be inaugurated by causes so slight as to render the parts almost continually the subjects of disease; so that, when treated successfully, and the patient seems cured, a repetition may bring the agravations which attended former attacks, much to the discouragement of both patient and physician.

The *causes* which produce catarrhal inflammation are various, and they need to be accurately recognized before we can treat them understandingly. We have many cases of catarrh arising from venous obstruction, preventing the flow of blood *from* the membrane. For instance, the pressure of the gravid uterus may so impede the circulation as to produce severe vaginal catarrh. Portal congestion may, and often does, produce severe intestinal catarrh; and any impediment to the return of blood from the lungs may produce the very marked development of pulmonary catarrh.

The most frequent causes of catarrh, however, are such as ordinarily induce local inflammation, such as the presence and irritation of foreign substances, as from the inhalation of dust, gases, and irritating vapors. Another fruitful source of catarrh is the subjection of the body to sudden and severe changes of temperature, either by undue exposure, or by untimely changes of clothing. Some of the eruptive diseases develop serious catarrhal affections; as in the case of measles. So, too, excessive use or exercise of parts often produces the disease; as from shouting, singing, or speaking in the open air. This affection is also often propagated from diseased parts to healthy ones in close proximity; as when, by excessive use of alcohol, the fauces are inflamed, we often

have laryngitis in extreme severity; witness the hoarse cough and altered voice, and the rough breathing of the confirmed debauchee.

I have said that catarrh was dependent upon a hyperæmic condition of the mucous membrane, when, as in the case before us, the larynx is involved. To get an accurate conception of the patient's condition, it is quite essential that we inspect the parts by the aid of the *laryngiscope*, the instrument which I now have in hand, and to the method of using which, I now invite your attention. * * * The importance of thus examining the tissues during the life-time of the patient, arises from the fact that such is the elasticity of the tissues involved, that they are emptied of blood almost as soon as the circulation ceases, and fail almost entirely to represent that engorgement of the parts which is always present, while the circulation is yet active. If we inspect the tissues in cases of extreme severity, and which terminated suddenly, we shall find the membrane studded with spots of ecchymosis, giving it a mottled appearance; and this will be permanent, as it is produced by extravasation of blood.

Parts which are frequently subjected to catarrhal inflammation, have also marked involvement of the sub-mucous tissue. They become permanently thickened and hardened: and so firm may be the deposit, that re-absorption is accomplished very slowly, at least. The deposit has resemblance of condensed connective tissue, and partakes in a measure of the color of the ecchymosed patches. In fact, it is as really *hypertrophy* of that tissue, as may occur in muscular, or any other.

Usually, catarrhal inflammations must be acute and extensive, to produce severe constitutional disturbance; and so long as only local disease is developed, we shall hardly ever anticipate fatal result. Extensive acute pulmonary catarrh may perhaps seem an exception to this rule.

Treatment: We are to seek, first, the prevention of disease. To this end, patients should be so much accustomed to the ordinary temperatures, and to the fresh air, as to gain a tolerance of ordinary exposure. Clothing should only meet the absolute needs of *comfort*, and must vary with the conditions of patients; above all, sudden changes of clothing, whereby extreme variances of protection are effected, are *ever and always* to be avoided. The different parts of the body should be so clothed as to afford uniform protection. Mufflers upon the necks are often supplemented by bare knees — but this indicates a want of brains somewhere. Many little patients suffer by undue exposure in the night-hours, from being able, with a single throw, to bare themselves of all clothing. Another extreme may easily be reached by dressing *too warmly*, and thus by inducing free perspiration, predisposing to "colds."

When the disease can be traced to specific exposures, or causes, these, whenever practicable, should be promptly removed or avoided; as in laryngeal catarrh, rest from singing, speaking, etc., may be all that is needed to afford relief.

In cases of recent acute attack, whatever tends to equalize the circulation, and especially to establish free and general perspiration, will tend to mitigate the symptoms.

The Turkish-bath, warm-baths — various processes and appliances by which free perspiration is induced, are very efficacious.

Opium in some instances, especially associated with ipecac, as in Dover's powder, is given with benefit. Caution is always to be used in administering this remedy to children.

Pulmonary catarrhs, in chronic form, are often relieved by the judicious use of stimulating expectorants, the excessive engorgement being relieved by the increased mucous secretion. Other membranes are often benefitted by the application of stimulation to their surfaces, as by lotions, and injections, by which parts too relaxed are stimulated to a normal tonicity. In all those cases where the trouble is dependent upon constitutional debility, very little benefit can be derived from topical application, till the general condition of the patient has been improved.

Gentlemen: With these brief remarks upon the subject of catarrh in general, I bring to your notice, in the patient before us, a case

of *chronic laryngitis*. We have here no constitutional disturbance. The circulation and the secretions are nearly natural. The patient suffers little pain, and his strength is sufficient. But you note his labored inspirations — his inability to speak above a whisper — and his extremely hoarse cough. With auscultation and percussion we note the absence of pulmonary complication. We find by examination that the disease is *local*, confined to the larynx. The case is clearly inflammation of the laryngeal mucous membrane, involving the glottis and vocal cords. The history of the patient shows that this is not the first attack. He is predisposed, upon exposure, to laryngitis. By occupation a sailor, in the recent stress of weather he met just that exposure calculated to develop the disease. The affection has passed through its acute stage without febrile disturbance; he being affected with *pain* upon deglutition; a severe cough; aphonia, and extreme dyspnœa.

It remains, now, to treat the secondary symptoms of laryngitis. If there were ulceration, we should seek to hasten the healing by stimulating applications, as by the throwing of powders upon the affected parts, by the use of small tubes charged with medicines, and expelled by the force of air upon the affected parts, or by the application of liquid stimulants, applied by means of the probang, as recommended by Dr. Greene: or, as later and more effectually, by the inhalation of atomized liquids, in the form of spray. But we have here no evidence of ulceration. Again, if there were evidence of syphilitic taint, we might be required to address ourselves at once to constitutional treatment; but happily we have none of this. We are left, therefore, to the treatment, of a simple, uncomplicated case of chronic laryngitis.

We have here to wait the absorption of effused plastis lymph by which the sub-mucous tissue has been thickened and hardened. We are to favor this by keeping the patient *warm*, and free from sudden changes.

The vocal organs are to be kept absolutely at rest. Opium, in the form of Dover's powder, will be given at bed-time to control the cough, and the patient instructed to abstain from coughing to the utmost extent; as his will has much to do in ensuring quietude of the parts.

A pill of hydrarg. prot. iodide, one-fourth gr. will also be given each night at bed-time. A mixture of equal parts of syrupi-scillæ comp. and syrupi-glycyrrhiza, say of each ℥ ii., to which will be added of ammoniæ mur. ℥ ss., and of tinct. sanguinaria canadensis ℥ ss. Of this mixture we direct a teaspoonful three times a day, with a view to restore the function of secretion now suspended. We direct that the surface of the neck over the larynx be irritated by dressings of croton oil, and, daily, the inhalation of the vapor of water, containing five grs. of crystal carbolic acid to the ounce, by means of the steam atomizer.

We shall anticipate in a few days the re-establishment of the normal mucous secretion, and the disappearance of cough and dyspnœa, as absorption of the effused lymph is accomplished, and with this the natural use again of the vocal organs.

Clinical Reports.

CLINICAL CASES IN THE MEDICAL WARDS OF THE MERCY HOSPITAL.

SERVICE OF PROF. N. S. DAVIS.

Reported by D., Nov. 1, 1872.

Typho-Malarial Fever: The patient was a male, aged 23 years, who had had several paroxysms of intermittent fever during the latter part of August and the month of September, in consequence of which he had become pale and somewhat debilitated, but was recovering until about two weeks since. He was then attacked with a chill, followed by a paroxysm of fever, which abated after a few hours, but has not since entirely disappeared. He says he took some quinine and other medicines, but instead of having the progress of the fever interrupted, it was only modified in its progress. There were no distinct repetitions of the chill, but a paleness and sense of weakness each day, during the morning hours.

with increased heat, quickness of pulse, headache, restlessness, and general febrile symptoms during the afternoon and evening; and in all parts of the day and night, a swimming, unsteady feeling in the head when in the upright position; dryness of the lips and mouth; tongue covered with a dirty, white coat; pulse 100 per minute; abdomen moderately full and tympanitic; bowels relaxed; and the mind dull. He had no appetite, and only moderate thirst. The professor remarked that the patient had been in the hospital only four or five days, and was affected by a mixed grade of fever. The early history of the case, together with the existing paleness of skin, and exacerbating character of the febrile phenomena, show the existence of a malarious influence; while the dullness of mind, dryness of lips and mouth, sense of giddiness in the head, together with symptoms of diarrhœa and abdominal tympanites, clearly indicate a typhoid condition and tendency. In other words, the case has become one of typho-malarial fever, of moderate severity. It was remarked that this mixed grade of fever had been very prevalent in the city from the early part of August to the present time. While in the surrounding country districts purely malarious or periodical fevers have been unusually prevalent. Many of the typho-malarial cases in the city have commenced with such distinct chills and exascerbations of fever, as to lead the patient and practitioner both to regard them as simple malarious cases, and to confidently expect their full interruption by antiperiodics. In a few, the deception has been increased by an interruption of the paroxysms for two or three days after the first induction of the effects of quinine so fully that the patients have gotten up, and supposed themselves convalescent. Yet there has remained with them a dull, unnatural feeling in the head; a dry or gummy feeling in the mouth; obscure achings in the back and limbs, especially in the afternoon, with indifference to food; and after a period ranging from three to five days, the face would become suffused with redness; the lips dry; the tongue coated; more dullness, swiming and pain in the head; and more general derangement of secretions. The pulse from 100 to 110, and temperature from 100° to 103° in the afternoon, but so much less as to constitute a remission in the morning. From this time on, every day generally adds to the predominence of the typhoid symptoms, and some of the cases run a protracted course of from four to six weeks. If, when the fever returns, after the first apparent interruption by quinine, that remedy be again resorted to, and the doses increased, with the expectation of again arresting, at once, the further progress of the case, it generally produces no other effect than to stupify the sensibility of the patient, and add to the giddiness and confusion in the head. The method of treatment which the professor has found most beneficial in these cases, when called to them in the early stage, has been, rest; a bland, simple diet; milk-whey for drink; sponging the surface with luke-warm water, when hot and dry in the afternoon; and the exhibition of a mixture of carbolic acid, gelsemin, and camphorated tincture of opium, in moderate doses, to counteract the typhoid elements, and moderate anti-periodic doses of quinine in the morning remission to destroy malarious influence. Four or five days since, when the present patient was admitted to the hospital, he was ordered the following prescriptions:

℞	Carbolic acid crystals,	6 grs.
	Glycerine (pure),	℥ ss.
	Tinct. gelsemin,	℥ iii.
	Camph. tinct. opii.,	℥ iss.
	Aqua,	℥ iss.

Mix. Give one teaspoonful every four hours.

℞	Sulph. quinine,	24 grs.
	Hydg. chlorid. mite.,	3 grs.
	Pulv. liquorice root,	6 grs.

Mix. Divide into six powders, and give one at six and ten o'clock each morning.

He has continued these medicines steadily until the present time, and with a gradual improvement in all the febrile symptoms. He was directed to continue the carbolic acid solution every six hours, and to take only one powder of the quinine each morning. The

Professor remarked that this case would probably require no other treatment except the gradual withdrawal of his present medicines, as convalescence became established, and the allowance of a more liberal diet.

When cases of this mixed fever assume greater severity, and, after the second week, present more prominent typhoid symptoms, the treatment must be more fully that which is adapted to the advanced stage of idiopathic typhoid fever.

Progressive Locomotor Ataxy, following Malarious Fever: This patient is a male, about 22 years of age; laborer; and native of Ireland. This history showed that he had been attacked with intermittent fever during the latter part of August, which was interrupted by antiperiodics, but returned at irregular intervals up to the time of his admission into the hospital, about one week since.

Seeing him first in bed, and learning that he had been affected with chronic agne, he was ordered moderate doses of quinine and iron, with simple but nourishing diet. Three days passed without the recurrence of chills or fever, but at each visit he complained of an unusual giddiness in his head, and what he called weakness in his limbs.

On scrutinizing more closely the past history and present condition of the patient, it was ascertained that the feeling of unsteadiness in his head, and a gradually increasing difficulty in walking, had existed during the last three or four weeks. The Professor first called the attention of the class to the general aspect of the patient, and then to his mode of walking. He was pale, or anemic; moderately emaciated; pulse 85 per minute; respiration natural; tongue clean; moderate appetite; bowels nearly natural; but a constant dull pain and sense of swimming in the head. On attempting to walk the length of the ward, his head was poised in a certain position, his step hesitating and unsteady, his gait reeling or staggering, in spite of his efforts to the contrary, and his getting up and sitting down peculiarly careful and unsteady. He could not get up from his chair quick, or walk far without danger of falling.

The symptoms were closely analagous to those of progressive locomotor ataxy, more especially as regarded the muscular movements. There was present, however, no marked alterations of sensibility in any part of the cutaneous surface, nor derangements of vision. In regard to the special pathology of the case, it was remarked that the patient's blood had become spanemic or impoverished by the protracted influence of malaria; and this, acting in conjunction with other less appreciable causes, had led to the impairment of the nutrition of the spinal cord, and its junction with the crura cerebri and cerebelli, thereby inducing both the unpleasant feeling in the head and the impaired co-ordination of muscular movements. The case might be regarded, therefore, as one of incipient progressive locomotor ataxy, but not so far advanced as to preclude the idea of recovery. The indications for treatment were stated briefly, to consist in efforts to restore a healthier condition of the blood, by increasing its nutritive elements and red corpuscles, and in exciting a more active nutrition of the cerebro-spinal nervous system. The best means for fulfilling these indications, so far as the Professor's experience can be relied on, are, good air; a nutritious but easily digested diet, consisting largely of light bread and milk tenderly cooked meats, and fresh vegetables very moderate exercise, always followed by rest, in the recumbent position; and the persistent use, internally, of the phosphatic tonics, of which the best is a mixture of the extract of malt, two parts, with one of the compound syrup of hypophosphites, given in doses of from two to three drachms, at each meal time. If the patient is free from any influence of malaria, and his bowels regular, he will not be benefitted by any additional medicine. But if, as in the present case, the patient has had recent paroxysms of intermittent fever, it will be desirable to give a pill of two or three grains of quinine every morning. Or if the bowels are costive, a pill containing one grain each of extract of hyosciamus, sulphate of iron, and pulverized gum aloes, may be given at bed time. The present case was put on the use of the extract

of malt and compound syrup of hypophosphites, with one moderate dose of quinine each morning. A few days since, the attention of the class had been called to a case presenting many of the symptoms of spinal atrophy, complicated with occasional paroxysms of epilepsy. He was put on the treatment here indicated, with the addition of one dose of twenty grains of the bromide of potassa at bed time each night.

Another case was alluded to, which had been treated in the hospital about one year since, and in which all the characteristic symptoms of progressive locomotor ataxy were strongly developed. The power of coördination of muscular movements was so impaired that for several weeks the patient could not walk or maintain the upright position without assistance. He was treated with quinine, iron and strychnine for many weeks, aided by good food, frictions, and some use of electro-magnetism, but with very little improvement. He was then put on the use of the extract of malt and hypophosphites, plain, nutritious food, and allowed to rest. After some time he began to gain gradually, and in about four months had so far recovered that he walked well, and left the hospital in fair health.

Poisoning by Phosphorus; Cure by Turpentine, by Dr. Vito Giuseppe, of Marco.—The case was that of a woman aged 40, who had swallowed, fasting, with the intention of suicide, an infusion in which a package of ninety matches had been placed. The author, called two hours after ingestion of the poison, observed the following symptoms: Pain, most intense at the epigastrium, facies abdominalis, filiform pulse, respiration very frequent, etc. He administered an emetic at once, then a gramme (15 grs.) of essence of turpentine. The symptoms soon amended but the patient was seized with a severe diarrhœa and passed a large quantity of urine. In two days she had recovered.

The author thinks that the turpentine acted in this case as a diuretic and purgative in favoring the elimination of the phosphorus; he rejects the theory of Personne (preventive to the combustion of phosphorus).—*Il Morgagni Giornale No.* 34, 1872.—*The Clinic.*

It is said that 180 German-educated physicians arrive monthly in New York.

Advertising Specialists.—The Michigan State Medical Society has adopted a resolution favoring the insertion of the advertisement of the cards of physicians and specialists in the secular papers. Although nothing more is allowed than the mention of the name, specialty, and office address, we fail to see how the public can, in the majority of instances, draw the line between legitimate medicine and quackery. This provision is evidently for the benefit of the specialists in the State, and especially for such as have not proved their competency to their legitimate judges—the profession at large. Physicians, as a class, are discriminative enough to judge whether or not a specialist, so-called, is to be trusted with their patients, and sensible patients are very apt to ask their family medical advisers before consulting strangers. It is by such recommendations that specialism has thriven, and competent practitioners in in any particular branch have never wanted patients when they have proved themselves worthy of them. If a specialist wishes to advertise himself as such, let him convince the profession of his qualifications by suitable contributions to medical journals, and by original investigations in his particular branch. If we step aside from this rule, and endorse such brazen individuals who can advertise themselves in no other way than by the insertion of their cards in the medical journals or secular papers, we rob legitimate specialism of its well-deserved laurels, and encourage every misguided and presumptuous pretender who may desire to trade upon our charity, or upon the public's credulity.—*Boston Medical and Surgical Journal.*

Anchylosis of the Inferior Maxilla Cured by the Formation of a False Joint on each Side (G. Maas: *Arch. f. Klin. Chirurgie*, xiii., B. 3, H.). — A man, 27 years old, had had in his seventh year an attack of scarlatina, which left him with an inflammation of the maxillary articulation on both sides, which was followed by complete anchylosis. Both the inferior and superior maxillary bones had suffered in consequence an arrest of development. Middledorpf exercised on one side, and subsequenely Fischer on the other, a wedge-shaped piece from the inferior maxilla, the base of the wedge being downwards, according to Esmarch. The mobility had remained perfect at the time of the report, four months after the operation. — *Phil. Times*, Oct. 12, '72.

Wiesbaden has been selected as the seat of the next session of the German Medical Congress.

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, November 15th, 1872.

EDITORIAL.

THE AMERICAN MEDICAL ASSOCIATION.

In a previous number of the EXAMINER we alluded to the gratifying fact that several of those medical journals which had found most fault with the practical workings of the American Medical Association, had, at last, ventured to make suggestions for its improvement; and we promised to give the same a candid examination. Those suggested by the New York *Medical Record* were copied in full in our last issue. They were briefly: *First*, to exclude reporters for the daily secular press from the annual meetings; *Second*, to have the same delegates elected by the State and local societies from year to year; *Third*, to abandon the publication of an annual volume of transactions; and, *Fourth*, to have all the important work of the Association done by "large committees fairly chosen."

The first of these suggestions is worthy of a careful consideration. The practice which has been carried out more fully for the last ten years, of allowing the indiscriminate attendance of ordinary newspaper reporters, with their common habit of giving an exaggerated or sensational coloring to whatever would be most likely to attract the attention of their non-professional readers, coupled with their entire neglect of the more scientific and important part of the work of each meeting, has certainly served each year to place unduly prominent before the public every question of an ethical or merely miscellaneous character, and thereby create a false impression on the public mind. The meeting at San Francisco affords a good illustration of this fact. During the four days that the Association was in session in that city, the discussions concerning the constitutional amendment, and collateral questions involving the rights of women in the profession, occupied an aggregate of about *three* hours. Yet the almost universal impression created throughout the country by the newspaper reports, was that most of the time occupied by the Association in that city was spent in "wrangling about women." Such always will be the result, if ordinary reporters, themselves ignorant of everything pertaining to medicine, are allowed to attend and report freely the miscellaneous doings of the morning sessions, and entirely neglect the more important work of the sections in the afternoon. But the mere exclusion of newspaper reporters, without providing some substitute, would be productive of inconveniences that would be felt by almost every member. It is very desirable that an abstract of the doings of each day should be before the members on the following morning. It not only affords opportunity for correcting errors, but it facilitates in many ways the transaction of business. We have thought that, if the committee of arrangements were instructed to employ, at the expense of the Association, one thoroughly skilful professional reporter for the morning sessions, and one for each of the organized sections in the afternoon, and have them act in such concert, under one leader, that the result of their united labor would appear in a printed slip early each morning—printing a sufficient number of copies to supply not only the members of the Association, but also the editors of medical periodicals, and such local newspapers as choose to use them—it might greatly advance the interests of the Association. Such a plan, by including a fair abstract of all the facts and discussions elicited by the papers and reports presented in the several sections, would not only avoid the false and one-sided coloring given to the doings of each meeting by the present method, but it would also furnish a most valuable addition to the matter in our transactions. To render the plan efficient, the committe of arrangements should also

provide a committee of one or two competent physicians to read and revise the proofs as furnished by the reporters. It will be remembered, that at the last annual meeting a proposition was made and referred to a special committee, to give the permanent secretary a salary of $1,000 per annum. We suggest that considerably less than half this sum, annually, would enable the committee of arrangements for each meeting to employ the necessary corps of reporters and committee for revision of proofs, and furnish for each member, every morning, a simple slip or sheet containing a complete abstract of the doings of the previous day, in all the departments of the Association. If so, it would lighten the labor of the Secretary, whose traveling, postage and stationary expenses are already provided for, and would be a much more profitable investment of the funds than in the creation of a salaried officer. Will our friend of the *Medical Record* aid us in perfecting and securing the adoption of such a plan at the next meeting?

The second proposition, that State and local societies should elect the same delegates to represent them several successive years, that they may become more familiar with the rules and modes of transacting business in the Association, is a good one; but it is a matter so completely within the control of the local societies, that we need make no further comments on it in this connection.

The third proposition, which is to abandon totally the publication of an annual volume of transactions, is, to say the least, of doubtful propriety. It is true that most of the valuable reports and papers read to the Association might be published in the various medical periodicals, and in separate monographs, and thereby, perhaps, reach a larger number of readers than if issued in a volume together. It is also true that some worthless matter finds its way into almost every volume of transactions. But we cannot agree with our cotemporary, that these volumes are so utterly worthless as he represents. We have a complete set of them, and must acknowledge that there is not one which does not contain matter of very great practical value, and that, too, sufficient to repay the careful reader ten times its cost. We fear those editors who speak so disparagingly of the transactions have, themselves, taken the trouble to read but very few of their pages. We would not favor the abolition of the transactions. We are quite sure they might be reduced in size, and much increased in value, if the system of reporting we have suggested were adopted, and the several sections would strictly follow, in the disposal of the reports and papers presented, the present rules and ordinances adopted for their guidance. And if each medical journal in the country would publish these rules two or three months before each annual meeting, and urge upon their readers the necessity of strictly complying with them in their action upon reports and papers, they would do more good than by all the editorial grumbling that has been indulged in during the last ten years.

The fourth proposition of the *Record*, is to have all the important work of the Association done by *large committees, fairly chosen*. The editor does not tell us *how large* he would have each committee; how many he would have; or how he would secure their being "fairly chosen." The proposition is hardly definite enough to enable us to judge of its practicability. We doubt whether it is possible to devise a series of large committees that would be as efficient in practical work, as the present sections, if the organization and duties of the latter were better understood, and the rules adopted for their government better observed. If the committee of arrangements for the next meeting in St. Louis, will take the trouble to read the constitution and by-laws, so far as relates to the sections, and provide each one with a suitable room that can be found, to meet in, and the several medical periodicals will early call the attention of their readers to the necessity of complying with the regulations adopted for governing the sections, by publishing them, there will be little occasion for criticising the results of their work.

The Michigan Medical Society admits female practitioners to its membership.

Gleanings from Our Exchanges.

ERGOTINE AS A HÆMOSTATIC.

BY C. H. BOARDMAN, M.D.

An article in a recent number of *Ranking's Abstract* upon the use of Ergot as a hæmostatic, having attracted my attention, I determined to avail myself of the first suitable opportunity for testing its virtues.

The case reported to which reference has been made, was one of severe pulmonary hæmorrhage. The blood flow was almost instantaneously checked, and its subsequent return prevented by the hypodermic administration of Ergotine, after the failure of other more commonly used remedies.

I was called about the middle of last April to see a lady for whom my services in her approaching confinement had been some time previously engaged, and who was, at this date, at about the middle of the eighth month of term.

I was informed by my patient—who is a woman of fine physique, aged about 28, robust, and capable of great endurance, and who had given birth to three children, her previous labors presenting only the features of ordinary accouchments—that her health and general condition had been, up to this time, excellent, and that she had not been compelled to desist, even for an hour, from her usual domestic duties, which were somewhat onerous. A few weeks previously, however, she had noticed a very slight discharge of blood from the vagina, which would not have been remembered but that it had been followed shortly by another, until now she lost blood nearly every day, and that some of these manifestations were quite copious; sufficiently so to cause a little anxiety on her part, and even, she thought, to induce sensations of weakness or of faintness to a slight degree. They were very apt to follow any effort, however moderate, and often followed any persistence in maintaining an erect position. Hitherto the bleeding had readily yielded to rest in a recumbent posture, or to cold drinks, or to both; but now these means were no longer efficacious. When I first saw my patient at this time, she was lying down, pale, and quite faint; a hæmorrhage of about a half pint having ceased just before. An examination established the fact that a placenta prævia was to be dealt with, and stringent orders were enjoined, such as were appropriate to that condition. The administration of *Ol. Erigeron Philadelphicum* proved efficient for several days in checking the flow as soon as it showed a disposition to recur; and opium occasionally as a suppository both relieved the pelvic pains, now commencing, and also seemed to aid in suppressing the discharge. The beginning of the ninth month was reached thus in safety, and the bleeding seemed so fully under control, that I began to entertain hopes of my patient's accomplishing the full time. But she had found her enforced quietude very irksome, and believing that the hæmorrhage was now completely arrested, she yielded to her urgent desire to enter again upon some at least of her household duties.

Flowing commenced at once, and to a serious extent; former remedies were no longer useful, and I resorted to ergotine. Having no means for measuring it at hand, I poured about two drops into water, enough to render it sufficiently fluid for my purpose. Half of this was injected over the biceps, and in a few minutes, not more than five, the patient spoke of a giddy, throbbing sensation in her head, and the flow of blood ceased abruptly, and as completely as though a tampon had been used. From fifteen to eighteen hours later its threatened return was again as promptly checked; and for some ten days it was completely held in abeyance by this remedy occasionally administered, aided, of course, by absolute quiescence, suitable diet and other means appropriate as adjuvants. Thus for a period of nearly two weeks, the perils incident to this very grave condition were averted, and the patient brought safely to within a fortnight of her full time, where all other resources had failed, and where, but for the ergotine, she must have encountered greater dangers by so much as the enforced confinement might have anticipated the natural period for that event.

It may be said, in conclusion, that a week or ten days before uncomplicated labor would have occurred, hæmorrhage set in, so violent as to defy all efforts for its suppression; the os dilating, had torn away from quite a large segment of the placenta on the left side. The head presenting in the first position, after separating the placenta to a sufficient extent, the forceps were applied, my friend Dr. W. assisting, and the child quickly delivered. It was a male, very large and well developed, but completely asphyxiated by a double coil of the cord about its neck, so as to resist long and vigorous efforts for its resuscitation.

The mother, though reduced and exhausted by loss of blood, especially during labor, to such an extent that fears were entertained as to her recovery, reacted shortly, and pos-

sessing remarkable recuperative powers, was again engaged in her household duties in two weeks, and showed no trace of the dangers through which she had so recently passed.—*N. H. Med. and Surg. Jour.*, Nov. 1872.

St. Paul, Oct. 5, 1872.

ELECTRICITY IN THE TREATMENT OF MALIGNANT TUMORS.

Dr. J. S. C. Greene, in the Boston *Medical and Surgical Journal*, writes in reference to late statistics on this point:

Among the sarcomata reported are the two first tumors treated by electrolysis. Each was larger than an apple, and each was destroyed in fifteen minutes, at a single sitting. A sarcoma epulis as large as a pigeon's egg, was, in seven minutes, destroyed down to the bone. No fever, and but slight local reaction followed. On the thirteenth day, the tumor, with a small lamella of bone came away, and cicatrization was rapidly completed.

Of the cases of cancer, the majority were very extensive, some, indeed, quite hopeless. Of the whole number, however, thirteen were successfully operated on, two were discharged from hospital improved, and two without any improvement. Of these, one was a patient who refused to submit to a completion of the operation, because of the pain, anæsthesia having been but incompletely produced (no uncommon occurrence in Vienna operating theaters, a tacit confession of the distrust in which chloroform is regarded), and one died of incurrent disease during time of treatment. In the cases of the most extensive disease a very powerful current was employed, under anæsthetics, usually in a single sitting, with one re-application to suspicious spots. In other cases, anæsthetics were not employed; the current was used as strong as the patient could bear it, and the operation was protracted to four or six sittings of from fifteen to sixty minutes.

In a case of cancer of the rectum, involving the vicinity of the orifice externally, and extending upwards from the anus two inches, and sharply defined above, the patient suffered from pains so severe that even large doses of morphine injected subcutaneously could only temporarily palliate it. At the same time a most penetrating odor was disseminated. In the first sitting, the external part alone was attacked, and in forty-two minutes it was destroyed. No anæsthetic was used. The pain from this time became so much less, that the patient required no more opiates, and the offensive odor ceased to give further annoyance. The sloughs separated on the fifth day. Three days later the internal infiltration was submitted to treatment. The sloughs separated soon, and the general health of the patient improved so much, that in less than seven weeks from the date of the second operation, he was discharged, well. The subsequent history of this case is not given.

In three cases it was possible thoroughly to destroy carcinoma which was so intimately connected with the inferior maxilla, that, had it been operated on by the knife, resection of the bone would have been necessary. In another case of epithelial cancer of the lower lip, the swelling of the submaxillary glands of both sides, which were largely infiltrated, entirely disappeared after the destruction of the primary disease by electrolysis. The same phenomenon was observed and reported by Dr. Neftel, of New York, in a case of recurrent cancer of the breast, which had been previously twice removed by excision.

It is worthy of note that neoplasmata have been frequently observed to grow much more rapidly under the stimulus of too weak a current, which had been employed with the intention of destroying them.

These may serve as illustrations of some of the advantages of electrolysis as a means of operation. Besides, it should be observed that there is complete absence of loss of blood, and of all reaction due to such loss. Indeed, as a means of arresting bleeding from an artery which is inaccessible to ligatures, nothing can be neater than to pierce the vessel with a needle, just above the bleeding point, the needle being connected with the positive pole of a battery, the negative pole, being, of course, also brought into connection with the body near by.

So free from risk is the application of electrolysis, that Benedict reports a case in which he introduced a long needle into a fibroid tumor of the uterus through the abdominal walls: no general reaction followed, and the local reaction was quite insignificant. So completely free from all formidable features is it, if performed under ether, that electrolysis may be employed, even if only as a palliative operation, in many cases, where it can at least afford relief from painful and distressing symptoms, and render a prolonged life supportable, when operation by the knife might be refused by the patient, or, indeed, might involve so many chances of an unfavorable result as to forbid the surgeon's advising it.

On the other hand, the expense of a bat-

tery fitted for electrolytic operations is not inconsiderable; such a battery is with difficulty transported; and with the batteries hitherto used the time which such operations require is relatively somewhat long. Perhaps still more powerful batteries, or the simultaneous use of more than one for different parts of a tumor, might obviate this last disadvantage.—*Phil. Med. Report.*

TREATMENT OF SO-CALLED UREMIC CONVULSIONS.

Although we are, in general, no advocates of the wet-packing system of therapeutics, we have been struck by the propriety of its application as stated below, and feel inclined to adopt it.

In the *Philadelphia Medical Times* for Sept. 2, 1872, is a translation of an article by Jaquet, of Berlin, in which he speaks of the skin as the most available medium by which the system may be freed of the convulsion-producing agent, whatever it may be; thus, accepting the uræmic theory, with or without Frerichs' supposed carbonate of ammonia metamorphosis, the skin is by far the best vicarious emunctory when the kidneys have been blocked up; or, accepting the theory of œdema of the brain, by no other route can we so promptly call the pressure of the blood away from the interior of the body, and get rid of its watery elements. Venesection scarcely reduces the bulk of the blood more rapidly, while it possesses the disadvantage of leaving the patient in a more hydræmic condition than it found her.

On these points there is scarcely room for a difference of opinion. The important question is, how can we best produce the requisite diaphoresis? Jaquet resorts to the wet-packing, as employed by Preissnitz, in the following manner:

He takes a woolen blanket, which should be at least seven feet long by six wide, so that the entire body can be completely enveloped. Spreading this out upon an ordinary bed, a sheet of the same size is laid upon it, the sheet having previously been wrung out of cold water, 72 deg. F. The patient is laid upon this and wrapped in the sheet, and then firmly enveloped in the blanket. The head remains free, and is enveloped with a bladder of ice or a cold compress. The chest must not be constricted, but it will be well to keep the legs close together. If labor-pains have already begun, and especially if dilitation of the os uteri be well advanced, it will be necessary to wrap the legs separately, so that we need not unwrap the body for the delivery, which latter, if it should cause a sudden suppression of the perspiration, would readily renew or increase the convulsions. The effects of this wrapping are as follows: during the first two to five minutes, the blood recedes from the periphery to the interior of the body, the skin appearing pale. Ten minutes afterwards a delightful warmth sets in, and the skin having reacted from the impression of the temporary cold, becomes intensely red. After an hour the secretion of sweat begins, without being preceded by any unpleasant feeling of heat or congestion of the head, such as we commonly observe in perspiring in a dry medium. The absence of this phenomenon during the employment of wet wrappings is explained by the fact that water is a better conductor of heat than air, and therefore prevents an unpleasant accumulation of heat in the body. The perspiration now lasts as long as the patient remains wrapped up, being most profuse during the first three or four hours, and then gradually diminishing. The convulsive seizures diminish in number and intensity very soon after the breaking out of the sweat. The loud snoring between the paroxysms ceases, and the patient falls into a quiet sleep. The activity of the uterine contractions continues undisturbed, and hence we can allow the patient to retain her wrappings until delivery is accomplished. Of course the use of wrappings does not interfere with the employment of other remedies of known power, such as chloroform by inhalation.

On account of the restlessness of the parturient woman, and the impossibility of keeping her covered, at the moment of delivery, at least, the method of producing profuse diaphoresis by wet-packing seems to be the only efficient one at our command. In uræmic convulsions from other causes, there are other means perhaps equally efficient. Thus, in the present number of the *Journal*, a case is reported by Dr. Stille where convulsions of this class came on, apparently the result of acute œdema of the brain rather than of retained urinary elements, and in which the happiest results were produced by the conjoined use of chloroform and the hot air bath, both the convulsions and the coma rapidly disappearing as soon as the perspiration became free. The hot-air bath spoken of is applied by raising the coverings slightly from the patient, and tucking them well in around sides of bed, so as to form a sort of tent; a large alcohol lamp is then burned under the flange of a large tin funnel, the nozzle of which is long, bent at a right angle,

and opens within the tent of bedclothes. The amount of vapor of water generated by chemical combination in the burning of the alcohol is sufficient to render the hot air moist and pleasant, and thus adds to its diaphoretic power. When well applied, there is almost no limit to the sweat which can be made to pour from the body by this method.

A short time ago we heard of a popular remedy, new to us, but perhaps familiar to our readers. It was called a "corn-sweat," and consisted in immersing about a bushel of ears of corn in boiling water; when well soaked they were removed, wrapped in cloths and packed all around the patient. The amount of heat and moisture that the ears are capable of containing is sufficient to keep up quite a prolonged effect, and seems to answer the indication almost, or quite, as well as the more elegant methods by the wet blanket or the lamp and hot-air pipe.—*N. Y. Med. and Surg. Journal.*

Drs. Beard & Rockwell, in a report on the experimental use of electricity in the *Amer. Practitioner*, remark as follows in regard to its use in the removal of tumors:

Of tumors, ten cases were treated, as follows: two cases of scirrhus in the breast, one of epithelioma of the lip, two of uterine fibroid, four of goitre, and one of cystic tumor. The goitres were all reduced in size more or less by the use of the needles: but none have yet been entirely cured, although some of them have been treated with great perseverance and by all varieties of applications, by catalyzation — that is, by external applications with sponges, by one needle, or by many needles — with and without ether, and by ether spray. Goitres do not rapidly disappear under electrolyzation. In many cases, like fibroids and other tumors, they grow smaller under the treatment up to a certain point, when they hang fire, and will not budge an inch further.

It is, of course, possible to destroy any tumor that is accessible by electrolysis, provided that a sufficiently strong current be used, and sufficient time be given to it: but then the question must always arise whether the disease, or the remedy is most to be dreaded. For malignant growths the choice is easy. For benign, painless growths, like small goitres, it is a question whether they are worth the pain and annoyance of an operation of any kind.

The method of working up the base.—The epithelioma of the lower lip was destroyed, root and branch, by a method of electrolyzation that we have recently employed, and which we call, *working up the base.* This method consists in inserting the needles around the tumor, and partly into the healthy tissue, so as to undermine the former, and cut off all communication between it and the healthy tissue. This method is followed by complete sloughing of the growth, granulations, and healing. The usual and accepted method of electrolyzation, is to insert the needles directly into the tumor.

This method of working up the base, or undermining the tumor, has the advantage that it is more thorough, since it makes sure of the complete destruction of the growth: that it is shorter, since it wastes no time on the body of the tumor, which really is of no consequence if it be separated from the healthy tissues: and that it insures a more satisfactory healing.

On the Early Diagnosis of Typhoid Fever.—Dr. P.W. Latham, Cambridge (*Atlanta Med. and Surg. Jour.* from *London Lancet*, June, 1872) in a clinical lecture on the subject, remarks as follows:

"From the information the thermometer gives me, I fully endorse the following statement: 'The physician who judges of fever cases without taking note of the temperature, is like a blind man trying to find his way. With much practice and great intelligence, the blind man may succeed; but he will more frequently fail, and always do, only with great difficulty and unsatisfactorily, what to him who sees, requires no effort.

"Let me show you how far this is true. During the first four or five days, the general symptoms which may then, as I told you, accompany the disease—viz., the rigor, the languor and feebleness, headache, epistaxis, giddiness, pain in the back and aching of the limbs, the appearance of the tongue, the state of the bowels, the condition of the urine, etc.—may not be very distinct, or any of these morbid symptoms may be entirely absent. In a considerable number of cases, in fact, it would be impossible for you to say, without using the thermometer, whether the patient were suffering from typhoid fever or not. But the thermometric course of the disease at this time, unless it supervenes on some other malady, is very regular; and by taking the temperature at eight A. M., and at six P. M., for three days, the presence of typhoid fever may be decided. On the other hand, one single observation may, with very great probability, negative the existence of the disease.

"The following is the formula (from Wunderlich) of this initial stage:

	MORNING.	EVENING.
First day,	98.6° F.	100.4° F.
Second day,	99.4° F.	101.4° F.
Third day,	100.4° F.	102.6° F.
Fourth day,	101.6° F.	104° F.

"If, then, a person, previously quite well, feels uneasy, perhaps has a rigor, and in the evening we find his temperature about 100.4° or 101° F., falling the next morning about a degree, rising again in the evening, and approximately following the above course, the disease may be diagnosed with tolerable certainty."—*N. W. Med. and Surg. Jour.*

Dry Gangrene following the Use of Carbolic Acid.—M. Poncet, an *interne* of the Lyons Hospital, records in the *Bulletin de Therapeutique* (July 30th), a case which he considers rightly to convey a caution against the rash use of carbolic acid by non-professional persons. A girl, aged 13, had her fore-finger injured by a splinter of wood, which penetrated under the nail. The end of the finger was dipped in a bottle of solution of carbolic acid, and a compress soaked in the acid was applied. The next day the part had a greyish color, and was insensible; and when M. Olliver first saw her, a week afterwards, mortification had extended as far as the upper third of the second phalanx, and a line of demarkation was being formed. The finger assumed a mummified appearance, and separated on the thirty-fifth day. This occurrence suggested to M. Ollier the possibility of amputating fingers and toes by means of the application of carbolic acid; and experiments were accordingly made by M. Viennois on rabbits and fowls. The results showed that the application of carbolic acid was liable to be followed by toxic symptoms; but that these might be prevented by the application of a ligature. M. Olliver endeavored to put the plan into execution in a case of disease of the great toe, by plunging it for some minutes in a concentrated solution of carbolic acid; the thickness of the epidermis, however, prevented mortification from being produced. M. Poncet records also the case of a man aged 23, who, having wounded the end of one of his fingers, applied for ten days charpie impregnated with carbolic acid, and afterwards poultices. When he applied to M. Olliver, two months after the accident, the terminal phalanx was in a state of dry gangrene, and was removed a few days afterwards.—*Med. Reporter.*

Dry Earth in Surgery.—Dr. P. S. Conner, of Cincinnati, has been trying the earth treatment, as recommended by Dr. Addinell Hewson, with whom he agrees as to its beneficial effects in the following particulars:

1st. "The constant, universal testimony of patients submitted to the earth dressing, enables me to confirm Dr. H.'s statement, that 'the immediate, or primary, effect of the direct contact of the earth with the part at least cannot be considered irritating.'" "Cool and pleasant," is the constant answer of patients when asked how the application feels.

2d. The patients complain less of the pain naturally incident to the injury, than they do under the use of other dressings.

3d. As a deodorizer it cannot be too highly praised. In midsummer, the surgical wards of the Good Samaritan Hospital have been entirely freed from noxious odor by a careful attention to the proper application of the earth.

4th. That during the application of the earth dressing there is a marked absence of inflammatory redness around the wound. The granulations are very healthy, and free from any tendency to become large and flabby. Suppuration is certainly less than under the bran or water dressing; thus, it has been seen to diminish more than one-half in the first twenty-four hours after the substitution of the dry earth.

He uses yellow, clayey earth, dried and sifted, which should be made to cover the wound to a depth varying from one-fourth to one, or one and a half inches.—*The Clinic.*

Surgical Affections of Adolescents.—M. Gasselin, of Paris, offers the following formula for guidance in the selection of means of treatment in this class of persons. "The special, spontaneous surgical affections of young persons have a tendency to persist, increase or relapse, as long as the period of adolescence lasts; but these tendencies are lost as soon as adult age is reached." Thus, he says, ingrowing toe-nail will constantly recur up to the age of 23 or 24, but very rarely will do so after the 25th year. Ostitis, exostoses, and fibrous nasopharyngeal polypi, are cited as other examples of the same rule.—*N. W. Med. and Surg. Jour.*

A Substitute for Quinine.—The last number of the *Gazette Med. de Paris* (Sept. 21, '72), details a number of cases of intermittent fever treated by the carbazotate of ammonia. The results were as successful and as speedy as with the administration of quinia. The remedy is given in pills in the dose of two ctgr. a day.

Death from Ether (*Medical Record*, Oct. 1, 1872; by W. B. Dunning, M. D., Acting House Surgeon, Bellevue Hospital).—John Stockander, a German saddler, unmarried, sixty-eight years old, was admitted to Ward thirteen of Bellevue Hospital, on August 2, 1872, suffering from a fracture of left femur, just below the trochanter. The patient was treated by a Buck's Extension until August 20, when it was decided to apply a plaster of Paris splint. In order to make sufficient extension, and at the same time prevent the pain of the operation, ether was ordered to be administered. The administration of the anæsthetic was slowly and carefully made, and after perhaps ten minutes the patient was fully under its influence and the operation begun. A few turns of the plaster had been made, when the patient's breathing was observed to be rather frequent and gasping. The pulse was, however, full and regular. The thorax was compressed two or three times, and the patient's breathing again became normal. As these symptoms not rarely occur during etherization, they excited no special alarm. The ether was, however, withheld from the patient four or five minutes, his respiration and pulse being normal. As he then began, however, to move about, and his muscles were becoming rigid, the ether cone was again applied. In a minute or two, my assistant, who was giving the ether, observed the pupils to be dilating rapidly, and the breathing to cease. His heart was still beating, however. The ether cone was of course immediately removed, and artificial respiration was again used, and all the batteries obtainable in the hospital were put in operation in an effort to resuscitate the patient. His muscles occasionally responded by a spasmodic movement, but no breathing again occurred. The efforts at resuscitation were continued about forty minutes, until all response to the action of the battery had ceased.

Patient died about four P.M., and the autopsy was made at seven P.M. that same day, under direction of Dr. Delafield. Rigor mortis was marked. Blood was fluid. Brain and membranes neither anæmic nor congested. Trachea and larynx somewhat pale. Heart contained a little fluid blood, with a little atheroma at base of aortic valves. Lungs have old adhesions over both. Emphysema exists, and thickening of large bronchi. The lower lobe of right lung is œdematous, and its lower portion in a state of red hepatization. Rest of lung is normal and not congested. Liver is small and firm, containing a good deal of fluid blood. The other organs are normal.

The ether used was that made by Powers & Weightman. It has been examined by Dr. Squibb, of Brooklyn. He states that he "finds nothing in the character or quality of the ether to account for the death of the man, or even to aid in accounting for it." He adds, that in his "judgment the death of this patient is in no way attributable to either the quality of the ether, the quantity used, or the mode of administration, but that it is one of those accidents which, though of very rare occurrence under the careful use of ether, is inseparable from the condition of anæsthesia."

The quantity of ether used was about ℥ vj.

Galvanic Treatment of Bed-Sores and Indolent Ulcers.—Dr. Wm. A. Hammond recommends for indolent ulcers and bed-sores the galvanic treatment as first recommended by Crussel, of St. Petersburg. He says: "During the last six years I have employed it to a great extent in the treatment of bed-sores caused by diseases of the spinal cord, and with scarcely a failure; indeed, I may say without any failure, except in two cases where deep sinuses had formed, which could not be reached by the apparatus. A thin silver plate, no thicker than a sheet of paper, is cut to the exact size and shape of the bed-sore; a zinc plate of about the same size is connected with the silver by fine silver or copper wire, six or eight inches in length. The silver wire is placed in immediate contact with the bed-sore, and the zinc plate on some part of the skin above, a piece of chamois skin soaked in vinegar intervening. This must be kept moist, or there is little or no action of the battery. Within a few hours the effect is perceptible, and in a day or two the cure is complete, in a majority of cases. In a few instances a longer time is required. I have frequently seen bed-sores three or four inches in diameter, and a half inch deep, heal over in forty-eight hours. Mr. Spencer Wells states that he has often witnessed large ulcers covered with granulations within twenty-four hours, and completely filled up and cicatrization begun in forty-eight hours. During his recent visit to this country, I informed him of my experience, and he reiterated his opinion that it was the best of all methods for treating ulcers of indolent character and bed-sores.—*Pacific Med. and Surg. Journal.*

Dr. R. Angus Smith says that the air of houses should not contain carbonic acid enough to give a precipitate when a ten-ounce bottleful is shaken with half an ounce of clear lime-water.—*Med. Times.*

New Method of Treating Small-Pox and Typhoid Fever.—Dr. J. Heine has a long article on this subject in *Virchow's Archiv*, vol. 54. It is in the form of a letter to Virchow, and the treatment described in the paper is quite such as to warrant the author in designating his letter a "schismatic epistle." The treatment recommended is by the external application of solutions of corrosive sublimate, and he claims to have obtained great success by its means in small-pox, especially in petechial or hæmorrhagic small-pox, but also in confluent and other forms. He uses two solutions, one containing 25 and the other 50 grains of corrosive sublimate, in 18 ounces of water and 1 ounce of alcohol. The stronger solution he only uses in petechial small-pox, and continues its use only for a short period; the weaker is that generally employed. Pieces of clean-washed linen cloth are soaked in the solution, and laid in a double layer on various parts of the body alternately, the parts chiefly chosen being the upper or lower arm, the leg, breast, abdomen, neck; over the cloth waxed paper is laid in order to prevent evaporation. The average quantity of the weaker solution used in one case, and spread over several weeks, represented an amount of corrosive sublimate equal to 170 to 230 grm. (5½ to 7½ ounces.)

The author then gives his ideas as to the action of corrosive sublimate on the human body, and he claims for it four properties. 1. Its effect is unsurpassable in all wounds which have taken on a diphtheritic character. 2. It has a similarly powerful effect in causing absorption of all kinds of exudations in every part of the body. 3. It has an undeniable antipyæmic property which influences this disease up to a certain stage. 4. It has the power within 4 to 6 days of arresting or moderating fever symptoms, which depend on general infection of the blood or on local deposits. As showing the last of these properties, the author treats more in detail of the use of the sublimate in typhus abdominalis (typhoid fever), and he asserts that it is able in the initial or more advanced stages of the disease to cut short the fever in the course of 5 to 7 days. The records of four cases with the temperature curves are given, and the amount of corrosive sublimate used in these cases was in grains, 120, 100, 100, and 80, respectively. The solution used was 30 grains to the proportion of water and alcohol given above. The sublimate is sometimes followed by an alarming increase in the diarrhœa, but without tenesmus or hæmorrhage. Its beneficial influence, however, is soon evidenced by the change of the color of the stools from the usual pea-soup character to a saturated bilious color. The other effects of the sublimate as respects urine, nervous symptoms, etc., are also given. The author also claims for the corrosive sublimate a special influence on the action of the heart. The paper concludes with certain considerations as to the present position of medical science. —*Medical Reporter.*

Bullock's blood is now the fashionable remedy among the Parisians for anæmia and phthisis. It is said to be a curious sight to see the number of patients, of both sexes and all ranks and ages, who flock to the slaughter-house every morning to drink of the still foaming blood of oxen slaughtered for the table. The young ladies take it with great facility, and many say that they prefer it to cod liver oil. For the more fastidious, however, a pharmaceiu has prepared an extract of blood which is administered in the form of pills. Three grains of this extract is said to represent about half an ounce of pure blood. Many cases of anæmia have been cured by this blood treatment, and some phthisical patients greatly benefited, at least as much as they would have been under cod liver oil.

Medical Rank in the Navy.—The *Naval Register*, recently published, gives the following numbers and rank of the Medical Staff: 15 Medical Directors, with the relative rank of Captain; 15 Medical Directors, with the relative rank of Commander; 50 Surgeons, with the relative rank of Lieutenant-Commander; 25 Passed Assistant Surgeons, with the relative rank of Lieutenant; and 52 Assistant Surgeons, with the relative rank of Master.

Among the "volunteer officers" are 2 Acting Passed Assistant Surgeons, and 11 Acting Assistant Surgeons.—*Med. Times.*

Dr. Brown-Sequard having resigned the chair of Comparative and Experimental Physiology in the Parisian Faculty of Medicine, Dr. Vulpian has been appointed in his place. This makes a vacancy in the chair of Pathological Anatomy, which will probably be filled by the nomination of Dr. Charcot, the well-known physician of La Saltpetriere.—*Med. Times.*

The retirement of Dr. J. M. Foltz, late Chief of Bureau of Medicine and Surgery, U. S. Navy, has placed Dr. J. C. Palmer in that position.—*Med. Times.*

Harmless hair-dye is made in Greece from green walnut burs (Juglans regia), by extracting with water and evaporating until the Regianic acid is precipitated as a black powder.

Guarana in Sick Headache.—It is the congestive forms of headache that guarana most frequently succeeds; thus it will sometimes relieve the throbbing headache of the man who "got exceedingly drunk yesterday," and whose "brain is still sticking to the ceiling," with startling rapidity. In such cases the action of the medicine may be seen, for the large injected conjunctival vessels become small by degrees and beautifully less as the drug is absorbed and the cephalalgia departs. This seems to suggest its action as being stimulant to the sympathetic system. If further trial prove this to be so, we must regard it as the opposite in action to the nitrite of amyl.—*Bradley—Brit. Med. Journal, June* 29, '72.

Recurring Tonsillitis.—Dr. Lewin, of Berlin, recommends the application of crystallized chromic acid to those cases of tonsillitis in which a chronic congestion exists, constantly liable on the least provocation, to blaze up into an acute attack. The acid causes ulceration of the tissue to which it is applied, and induration of the surrounding parts to such an extent as to compress the enlarged capillaries beyond the possibility of their subsequently taking on inflammatory hyperæmic action.

In acute painful conditions of these organs, he injects a morphine solution into their substance, and by so doing, greatly lessens the pain and difficulty of deglutition.—*N. Y. Med. and Surg. Jour.*

Hare-Lip.—The recommendation has recently been revived, that, after the pins or sutures have been removed from a hare-lip which has been operated upon, collodion should be used to draw and keep the parts closely in apposition. Gauze, or a thin layer of cotton wadding, is saturated with collodion, and while the cheeks are pressed together, this is spread over the lip like a mustache. The contractile power of the collodion is sufficient to hold the newly healed parts together with a considerable degree of firmness; and the advantage is thus obtained, of being able to remove the sutures early, by the third or fourth day.—*N. Y. Med. and Surg. Jour.*

The Augusta Medical College of Georgia has been made the Medical Department of the University of Georgia; a compliment well bestowed and fully merited.

In the third week of its present regular session, there were 205 students in the Louisville Medical College, in that city.

Book Reviews.

Ovarian Tumors. Their Pathology, Diagnosis and Treatment, especially by Ovariotomy. By E. Randolph Peaslee, M. D., LL. D., etc.; with fifty-six illustrations on wood. D. Appleton & Co., New York.

This is a volume of 538 pages, the first 222 pages being devoted to the normal and pathological anatomy of the ovaries, and the pathology, diagnosis, and treatment of ovarian tumors, excepting by ovariotomy. The remainder of the work is taken up exclusively with a full consideration of the subject of ovariotomy, including its history, statistics, practical details, and after treatment. The author aims to decide all practical questions by the aggregate experience of all ovariotomists up to the present time.

The Transactions of the American Medical Association. Vol. 23, 1872. Collins, 705 Jayne street, Philadelphia.

This comprises a volume of 750 pages, made up of the usual assortment of valuable and interesting reports and essays. A Nomenclature of Diseases, with the reports of the majority and of the minority of the committee thereon, forms an appendix of 94 pages at the end of the volume.

We acknowledge the receipt of Lindsay & Blakiston's "Physician's Visiting List" for 1873, the twenty-second year of its publication. We have always found it to be the most useful and convenient book of the kind published.

The Anatomy and Development of Rodent Ulcer: A Boylston Medical Prize Essay for 1872. By J. Collins Warren, M. D. Boston: Little, Brown & Co.

A monograph of 65 pages, with colored plates.

Treatment of Strictures of the Urethra by Laminaria Digitata and Galvanism. By Robert Newman, M. D. New York.

A paper read before the Medical Journal Association of New York.

A Clinical Analysis of the Inflammatory Affections of the Inner Ear. By H. Knapp, Surgeon to the New York Ophthalmic and Aural Institute. New York: Williams, Wood & Co., publishers. Pamphlet—73 pages.

Original Communications.

CASES FROM PRACTICE.

BY WM. E. QUINE, M. D.

I.—*Phlebitis caused by a fall: Recovery:* In December, 1871, Mrs. B————, in the eighth month of her fifth pregnancy fell down a short flight of stairs, striking heavily on her sacrum. She experienced intense pain at the time, in the injured part, which was much aggravated by attempts at walking; but in the course of two or three hours this had almost entirely disappeared. About four hours after the accident, while resting quietly in a large chair, she was attacked suddenly with excruciating pains in the right thigh, at a point corresponding with the saphenous opening. A few minutes later, pain of a like character and intensity was experienced in the flexure of the knee—and then on the inner surface of the foot. So violent was the agitation of the patient, that the husband in alarm sent for the nearest physician; who, regarding the case as one of neuralgia, directed the application to the whole anterior and inner surface of the thigh of a powerful irritant. I was summoned to the bedside the following morning, and found the patient in a very alarming condition.

Her manner was hurried and agitated; her countenance expressive of anxiety and alarm; pulse about 180; respiration 38; and temperature 102½. The affected thigh was, from the irritant that had been applied, excessively tender, and the skin highly inflamed. Directly over the saphenous opening there was a nodular and exquisitely sensitive swelling; and the internal saphenous vein, throughout its whole course, felt hard, and pressure on it elicited complaints of suffering. The patient, though a woman of great fortitude, was filled with apprehensions of death; and she wept almost constantly at the idea of early parting with her young family, and at the fate of her unborn child. In accordance with my conception of the indications, I ordered leeches to be applied along the course of the inflamed vein; but so great was the patient's repugnance for them, that I was unable to overcome it, by assurances of immediate relief and permanent advantage.

Warm fomentations were then prescribed, sufficient morphine to procure rest, and a sedative mixture, in which tinct. veratri viridis was the most important ingredient. The treatment was faithfully continued through thirty-six hours; but then, on the advice of Dr. T. D. Fitch, whom I had called in consultation, the sedative was discontinued. The pain in the thigh, of which the patient had complained, gradually subsided, but the foot and leg became swollen and more painful than ever. The fomentations were then replaced by linseed poultices, and the latter were continued for a week; at the end of which, a point of fluctuation having been discovered, over the internal malleolus, a free incision was made, and a large quantity of pus evacuated. From this time the condition of the patient steadily improved, though it was six or seven weeks before she entirely recovered.

II.—*Rupture of the Utero-Placental Adhesions by a Fall: Septicæmia and Death:* In October of this year I was summoned to bedside of a young primipara, in the eighth month of pregnancy. She had enjoyed uninterrupted health up to the day preceding my visit, and had labored hard and continuously. At the time mentioned, while carrying a heavy burden down stairs, she slipped and fell, straining her back severely; and immediately after experienced sensations of nausea, and commenced to vomit. The vomiting continued at short intervals throughout the night, and was associated with dull, grinding, irregular pain in the hypogastrium. I found the patient in the morning much exhausted by the protracted emesis, and though her skin felt natural, her pulse was quick, small, soft, and 130 in the minute; she was writhing constantly, as if in severe pain, and the hand on the hypogastrium readily distinguished through the thinned abdominal wall, irregular uterine contraction; the bowels were constipated; and the patient, though she experienced a constant desire to urinate, had been unable to evacuate the bladder. The fœtal circulation, and the placental souffle were in-

audible. On these grounds was based the diagnosis standing at the head of this history.

The patient was catheterized; her rectum cleared by an enema; opium, subnitrate of bismuth, and acetate of lead were administered in full doses, and at short intervals, and a sinapism was applied over the sacrum. In the evening, though the vomiting had ceased, the suffering of the patient seemed to have increased; the pain was more acute and continuous. I now noticed, for the first time, a reddish-purple discoloration of the face, and suffusion of the eyes, but attributed it to venous congestion consequent on voluntary expulsive efforts. The pulse had gained in frequency, and lost in force, since morning. A vaginal examination revealed the fact that dark, offensive, grumous blood was slowly issuing from the uterus. On the following morning the discoloration of the face had reappeared, and was attended with slight swelling, and tenderness of the integument. So striking was its appearance that I was led to examine other parts of the body, and actually found the whole surface covered with a purplish rash, interspersed with blackish points. The body at this time was bathed in perspiration; the pulse 154; temperature 104; respiration 40. There was no swelling or soreness of the throat; no cough, or physical sign of pulmonary disease; no albumen in the urine, or deficiency in quantity of the latter; the patient was ignorant of exposure to any infectious disease, and had had scarlatina, measles, and varioloid, in her childhood. Though it was now obvious that the patient would die, I prescribed quinine gr. ij.: strychnine gr. 1-32: nitric acid gtts. iv.: every three hours; and a tablespoonful of sherry wine every hour. In the evening, I met in consultation Drs. T. A. Clark, and D. C. Stillians, both of whom concurred in the diagnosis, and ratified the treatment. During the consultation the question of delivering the patient was introduced, but the proceeding was not deemed advisable. It may seem surprising, in view of the supposed death of the fœtus, that artificial delivery was not attempted at an early period in the history of the disorder. But at no time did I consider interference of this kind proper or justifiable; and this opinion was founded on the prevalence in the neighborhood of a malignant form of puerperal fever. The rash which appeared first on the face, then on the trunk and extremities, is perhaps the most interesting and curious feature of the case. And its interest is enhanced by the fact that recently a case was reported to the Chicago Medical Society, as malignant scarlatina, following natural delivery, in which the eruption, judging from the description given, was a counterpart of this. I do not regard the appearance of a scarlet rash during the course of puerperal fever, or septicæmia from other conditions, as positive evidence of scarlatinous infection; for I have several times witnessed it in cases in which there had been no possibility of recent exposure; and in patients who had previously had the disease, well marked. Moreover, the entire absence of the characteristic local diseases of scarlatina confirms this view.

CASE OF INTESTINAL IRRITATION, WITH THREATENED PREMATURE LABOR.

BY A SENIOR STUDENT.

Oct. 1st, 5 A. M.—Was called to the bedside of Ada B——, æt. 22, a married lady, of delicate habit, whom I found *six* months in pregnancy, and laboring under a violent enteritis lit up by the indiscreet use of podophyllin, at the hands of one of those followers of that phantom-nothing, homœopathy, who had become so saturated with the idea of "attenuations" that he was actually trying to *thin* out a case of bilious remittent with doses of mandrake, directing her to take a powder as often as her bowels moved. The result can be readily imagined. I found her in the dorsal decubitus, with pulse at 130; tongue fully coated, dry and parched; urine retained; a colliquitive diarrhœa; incipient uterine contractions, with burning pain in intestines, and the abdomen swollen and distended to a degree which I had not before dreamed possible. The friends insisted that she was dying!

and she, poor woman, having "suffered many things from the physicians" (two others having preceded me), despairing of mortal succor, was looking to a higher source for help. With scarcely a shadow of hope, I asked the friends to dry their tears, and with a few words of cheer to the madam, took the case seriously in hand. Having no catheter, the bladder was emptied by application of cloths wrung out of warm water.

Fearing abortion, morphia sulph. and bismuth in iced flax-seed water was given, and continued pro. re. nat. The abdomen, anteriorly, from ensiform cartilage to line midway between umbilicus and pubis, was covered with the ceratum cantharis, and laterally with cloths wrung out of lead-water and turpentine. Drafts were applied to the feet, and half teaspoonful turpentine emulsion given every hour. At 12 M., when I left, no change was discernable. Blisters had not produced the faintest blush of irritation. I directed teaspoonful *doses* of milk and flour gruel occasionally, with an extra dose of the morphine at bed time. She rested more comfortably, but without sleep.

Oct. 2d, 9 A. M., pulse 120; tongue dry; blister had not drawn; abdomen slightly less tense; less pain on pressure; diarrhœa quite under control; uterus quiet, but with burning pain in stomach; nausea and acrid eructations, and singultus. The singultus was checked with chloroform. A mustard paste applied over stomach; suspended the turpentine emulsion and ordered the morphia and bismuth every hour, with ice, alternated with pill of nitrate of silver and opii. aa. grs. ¼. 4 P. M. Was told on arrival that mortification had set in, and patient was dying; on the contrary, found the pulse quite regular at 100; tongue moistening at tip; stomach quiet; abdomen greatly reduced in size, with little pain on pressure. Continued the pill every four hours, alternated with sol. of spts. mindererii, spts. eth. nit. syr. ipecac, and fld. ex. ver. viride. Patient rested well all night.

Oct. 3d, 9 A. M. Patient looked bright and cheerful; pulse 90; tongue moist and clearing up nicely; surface moist; fœtal movement distinctly felt by mother. Ordered v. gtts. Fowler's sol. every four hours, with Dover's powder at bed time. Patient made rapid convalescence, and without doubt will carry child to full time.

Clinical Reports.

CLINICAL CASES IN THE MEDICAL WARDS OF THE MERCY HOSPITAL. SERVICE OF PROF. N. S. DAVIS.

REPORTED BY D. ———

Case I. *Acute Rheumatism—Rheumatic Fever:* The case before you, gentlemen, is a middle-aged man, laborer, who was admitted into the hospital one week since, laboring under acute articular rheumatism. He had been attacked several days previous to his admission to the hospital, but what treatment he had received, if any, I do not know. You observe his expression of countenance, especially when he attempts any motion, is indicative of suffering; you find his tongue coated with a whitish fur; his pulse full, and 90 per minute; skin a little above the natural temperature, and dry; bowels rather costive; and urine scanty and high-colored.

He complains of stiffness and soreness through his back, hips, and still more in his knees, which latter have a constant gnawing pain, greatly aggravated at night. On examination, you find both knees considerably swollen and tender to the touch, warmer than the rest of the body, but not red on the surface. While the swelling is general around the joint, with no definite line of demarkation, you see a more prominent fullness on each side of the ligamentum patella, below and on each side of the attachment of the rectus femoris above, giving to the knee a characteristic oblong shape. This is produced by the effusion of serum into the cavity of the synovial membrane, which is less covered by ligaments to resist its distension at the points indicated. That the membrane is distended with serum, is readily determined by the plain fluctuation felt at the points indicated.

At the time the patient was admitted into the hospital, last week, all his symptoms

were more aggravated than at present. The general fever was more active, the pains were more severe, and the articulations were swollen one-third larger than at present. The local inflammation commenced in the shoulders and spine, and had extended downward to the hips and knees, having just fully involved the last named joints at the time of admission to the hospital. This migration of the inflammation from one articulation to another, is one of the striking characteristics of rheumatism. It generally subsides in one series of articulations, at the same time that it attacks another, but not always, for we sometimes meet with cases in which it involves one part after another, until almost every joint in the body and limbs is affected, and the patient utterly helpless. Another characteristic of the disease is, that the inflamed parts seldom, if ever, suppurate. When the synovial membranes are involved, they become quickly distended with effused fluid, and the fibrous structures exterior to the membrane become filled with plastic exudation; but in neither locality is there any tendency of the effused material to degenerate into pus.

When the disease attacks the sheaths of the tendons, more especially in the wrists, ankles, and smaller joints of the hands and feet, it is accompanied by an exudation so highly plastic that it forms a firm bond of union between the tendons and the fibrous sheaths surrounding them, which, in some individuals, remains after the inflammation and swelling have subsided, causing a species of permanent anchylosis. Generally, however, the exudations accompanying acute rheumatism, are absorbed soon after the active stage of the inflammation has passed by, leaving the parts for a time somewhat stiff and tender, and for a long time predisposed to new attacks. After alluding, briefly, to the conditions of climate, and other circumstances favoring attacks of rheumatism, the Professor spoke substantially as follows, in regard to the pathology and treatment of the disease:

The fact that the general causes favoring attacks of rheumatic fever interfere mostly with the eliminative functions of the skin, in connection with the further fact that the blood and secretions appear to contain an excess of acid, and all the exudations plastic, afford strong evidence in favor of the theory which attributes the fever and local inflammations of rheumatism to an excess of some irritating acid material in the blood. It is further probable that such acid material results from the retention of effete matters, which are naturally eliminated through the cutaneous surface. Whether it is lactic acid, as claimed by Richardson, and suggested by many others, can hardly be considered fully determined. Conceding this theory of the pathology of the disease to be correct, the indications for treatment become obvious. They are, first, to neutralize the excess of acid in the system by the free use of the non-purgative alkaline salts; second, to mitigate the patient's suffering; and third, to lessen the plasticity of the exudative material in the inflamed parts, and hasten its absorption. Perhaps the best means for accomplishing the first of these objects, is to give the patient 20 grains of the carbonate, or 30 grains of the bicarbonate of potassa, dissolved in plenty of water, every two or three hours, and an occasional dose of the Rochelle salts, to move the bowels. In moderate cases, the second indication is sufficiently met by a full dose of pulv. Dover's, with a grain or two of calomel, at bed-time each night. But in the more acute and severe cases, a teaspoonful of the following prescription, given between each of the doses of alkaline salts, during the first two or three days, will aid very much, both in mitigating the pain and lessening the fever:

℞—Nitrous ether, ℥ j.
Vin. colchicum, ℥ j.
Camph. tinct. opii, ℥ jj.
Tinct. verat. viride, ℥ j.—Mix.

After the skin has become moist, the urine more free and less acid, the pulse softer and less frequent; and the inflammation has ceased to extend to new articulations, this sedative mixture may be omitted, and the patient left on the use of the alkaline salts alone, with only a dose of Dover's powder,

without the calomel, at night. If, at the end of one week or more, the fever has subsided, leaving the patient pale, the skin relaxed and almost constantly bathed with perspiration, and yet the joints stiff and weak, from two to three grain doses of quinine, given three times a day, will generally be of much service.

Local applications to the inflamed articulations, are generally of but little importance; yet, in the acute stages, keeping the part constantly wrapped in cloths wet in an infusion of aconite leaves, holding in solution hydrochlorate of ammonia, will aid much to mitigate the pain.

Such is the general outline of treatment that has been found most efficacious in the treatment of acute rheumatism. When resorted to early and pursued judiciously, it will, in many cases, lead to convalescence in from seven to ten days; and there will occur a less ratio of cardiac complications than under any other system of treatment that has yet been tried.

There are some cases, however, that persist through a period of three, four, or even six weeks, despite of all treatment. There are many other articles of the materia medica that may be used instead of those already named, for fulfilling the same indications. Thus, the bitartrate of potassa may be used instead of the carbonates; or the salts of soda may be substituted for those of potassa; or the oxide of calcium, known in the shops as syrup of lime, may be used. And in cases where the colchicum purges the bowels too much, it may be replaced with double of its quantity of tincture of cimicifuga rac.

But the attention of the clinical class has been called to so many special forms of rheumatism in different parts of the body, and the corresponding variations in treatment, that it is not necessary to pursue the subject further at present.

THE LARGEST CONSULTING PRACTICE IN THE WORLD.—Sir William Gull, of Guy's Hospital, London, is said to have the largest consulting practice of any physician in the world, worth not less than £25,000 a year ($125,000).

Original Translations.

CHRONIC TOBACCO-NEUROSIS.

TRANSLATED FROM THE GERMAN OF DR. ERLEMEYER, BY E. J. DOERING, HOUSE PHYSICIAN IN MERCY HOSPITAL, CHICAGO.

Although the acute symptoms of poisoning by tobacco and nicotina have been fully investigated, in the last few years, by Van den Broeck, Vleminks, Van Hassett, and others, still there are many dark points connected with the symptoms of chronic poisoning by tobacco, especially in regard to the nervous system. Some light on this subject will therefore be, perhaps, favorably received.

The author of these remarks has had occasion to observe several cases of chronic poisoning by tobacco, the most interesting of which he is going to relate.

R. S., a physician in a large city, about 44 years of age, and attending to a large practice, descends from a family in which diseases of the nervous system are of not unfrequent occurrence. He is a passionate smoker, and smokes particularly very strong cigars. Five years ago, up to which time he had been in perfect health, he was taken sick with blepharospasmus. This was increased by any physical exertion, even in speaking and chewing. Straining of the eye had the same effect. When he kept perfectly quiet, he was but little troubled. This spasm disappeared gradually, the patient not being able to state any reason of his improvement. In the summer of the following year, after having been very busy in the performance of his professional duties, he was suddenly attacked with vertigo, which lasted from five to six weeks, and forced the patient to remain in bed for ten days. The use of liquor, and entire rest for the body and mind, acted favorably; but every physical exertion increased the dizziness. During the night, he was but little troubled, and slept well.

This went on until the year following, when, in addition to the above symptom, the patient was attacked with muscular weakness, he being unable to stand any length of time. This gradually passed away.

A year later it again returned; and about the end of March pains in the head suddenly made their appearance, together with a feeling of anxiety and dizziness. The patient returned to his old remedies, and took a great amount of liquor to keep off the dizziness; but he gradually grew worse, and finally was obliged to give up his practice entirely. The following symptoms appeared about this time: he was very restless at night: he either slept only part of the night, or not at all, having often severe vertigo and great mental anxiety. Besides being troubled with photophobia which forced him to remain constantly in a dark room, he suffered with optical illusions. He was very sensitive to the least noise. Moreover, he was subject to extreme sensitiveness and timidity. Touching his bed would cause him to have headache. At times, the softest pillow would appear to him as hard as a rock. He was troubled, also, with different forms of neuralgia—as neuralgia supra-orbitalis, infra-orbitalis, temporalis, maxillaris, superior and inferior. After having been sick for five weeks, he was able to leave the city, and to go to a watering-place in South Germany. His residence here proved beneficial. In the beginning, he was able to walk with more security, slept better at night, and was less troubled with dizziness. During this period he had several small abscesses, following each other, on the right side of his face. After having remained here for fourteen days, in which time he did not take any medicine, but took a good deal of wine, and quit smoking, his condition was greatly improved. He was able to walk around all morning, without getting an attack of dizziness; the latter complaint only troubling him when he undertook to speak or read.

Some time after, he had to discontinue his morning walks, on account of the return of dizziness, which he ascribed to having taken a few cold baths.

It was at this stage of his disease that I saw him for the first time. In connection with the above symptoms, I ascertained two more facts. I found that whenever my patient walked on a smooth surface, he had the sensation of being on a floating vessel; and, furthermore, that he suffered with an enormous loss of sensibility, being equal on both sides of his body.

The views of the many colleagues whom our patient consulted in regard to the nature of his complaint, differed greatly. Some called it a disease of the brain, others of the spinal cord, and a few pronounced it to be a case of chronic poisoning by tobacco.

To state sufficient reasons for this latter view, is very difficult, as our pathological experience, up to this date, has not given us a thorough knowledge of (entire security in) the symptomatology of this disease. The views with regard to the injurious influence dependent on the manufacture of tobacco leaves in the fabrics, and their use in smoking, chewing, and snuffing, are greatly different. According to Fourcroy, Painte, and others, the workmen in these fabrics are troubled with ophthalmia, skin diseases, headache, dizziness, colic, diarrhœa, asthma, and emaciation. Melier states that these workmen are all exposed to a certain degree of poisoning, especially those who are engaged in the drying and fermentation of the tobacco. At first they are troubled with diarrhœa; later, a peculiar change in the complexion takes place, it assuming a gray color; the blood is very much impoverished, and they are subject to passive congestions. But if we compare these symptoms with those which take place in the workmen engaged in the manufacture of lead and mercury, we find that the latter are by far the more dangerous.

Thackrah, Parent, and others, maintain, on the contrary, that the manufacture of tobacco is not associated with any danger to the workmen engaged therein. They support these statements by publishing statistics which prove that in 4000 workmen, none were very materially affected. The views on the injurious consequences of smoking, and especially of chewing tobacco, are not so different. Most observers admit the possibility of a chronic poisoning by tobacco, following the misuse of strong cigars. The phenomena which are produced hereby, are as follows:

stomatitis; black coloration of the teeth; coryza; chronic bronchitis; emaciation; dyspepsia; chlorosis and anæmia; palpitation of the heart; vertigo; and great irritability of the nerves. Some mention, also, hæmoptysis, apoplexy, amaurosis, senile gangrene, delirium, and mania.

It has been observed that smokers who remain a great deal in ill-ventilated rooms, filled with tobacco smoke, are subject to a considerable enfeeblement of the lower extremities, so that they are obliged either to sit or lie down. At the same time, the sensibility of the skin is materially diminished, and the patient complains of headache and stupor. Fresh air and stimulating treatment remove these symptoms in a few days.

Of late years, Raooth and Sanths have made the effects of tobacco on the nervous system, a subject of special attention. The former communicates the history of a passionate smoker, 52 years of age, who exhibits the following symptoms: since the last 17 years, he has been subject to attacks of dizziness, preceded by nightmares. Sometimes he sees his whole surrounding on the right side turn to the left, or turn in a circle, which requires him to take hold of something, and to lie down on his back. His intellectual faculties are not impaired. These attacks, which occur several times during the day, last only for a few minutes, and leave a sensation of weakness in the lower extremities, so that he cannot venture to walk without assistance. They have increased, lately, in intensity, but remit, often, for a few weeks. His disease was generally believed to be hemorrhoidal congestions. Finally, Raooth saw the patient in one of these attacks; and, noticing the feeble but regular pulse, the paleness of the face, the coldness of the surface, and the clammy perspiration on the skin, was led to believe that these symptoms were due to smoking, and was strengthened in this view by the fact that the patient had smoked several strong cigars shortly before the attack occurred. It finally turned out that whenever the patient quit smoking, the attacks of dizziness grew less in number, and the walking improved, but that the return to this habit brought forth a renewal of his trouble.

Sanths states two cases, in which a considerable disturbance of the nervous system was produced by excessive smoking. The first case relates to a young man 20 years of age, having the following symptoms: change of complexion; loss of appetite and of sleep; lips pale; the whole organism delicate; movements of the body simulating chorea; heart-beat weak and irregular; pain on pressure in the epigastric region; frequent movements of the bowels; and considerable emaciation. The patient imagined that he was going to die with entire hopelessness of a future salvation, causing such a degree of desperation that he tried to commit suicide, and had to be taken to an insane asylum, out of which he returned, after three to four years, entirely cured.

The second case concerns a farmer, 30 years of age, also a passionate smoker, who exhibited the following symptoms: in connection with sleeplessness and great anxiety, he suffered, at times, with difficulty of breathing, and irregular beating of the heart. In these attacks, he destroyed everything within his reach; this period of excitement being followed by one of relaxation. The attending physician finally forbid the patient to smoke, and discovered that by doing so, these attacks grew less in number and intensity, but that a return of his habit brought with it a return of these attacks.

Dawosky states that in the many years he has been practicing, he never met with a single case showing such intensity of symptoms produced by the misuse of tobacco, as Dr. Sanths has described in his two cases above. J. Smith noticed paralysis of the face, following excessive smoking.

Samuel Wright, of Birmingham, besides mentioning the effect which the misuse of tobacco has on the activity of the heart, shows, by his experiments on human beings and on animals, that the nervous system suffers, principally. The main evils which he noticed, were: dullness of the organs of sense; irresolution; nervousness; loss of courage, energy and action. Accompanying

these: gastritis; laryngitis; pharyngitis; bronchitis; hæmoptysis; and heart disease.

Siebert has seen palpitation of the heart, gastrodynia, trembling of the extremities, and nocturnal pollutions, in consequence of excessive smoking.

The following is an abstract from a letter which I received several years ago from a friend, who was attacked with similar symptoms as stated above, on account of the misuse of tobacco. He writes:

"In the year 1860 I was troubled a great deal with dizziness, sleeplessness, pains in the head and back, and loss of appetite. By taking liquor, I could get rid of these symptoms, to a great extent, but not entirely. I went, finally, to a watering-place, hoping to obtain a cure, but was disappointed. I consulted a great many physicians, but not one could state the cause of my disease. The symptoms getting gradually worse, it occurred to me that it might be due to my smoking several strong cigars every day, which habit I quit immediately. Great improvement followed, and I am nearly well; but if I smoke a cigar, I am affected just the same as before."

From the description of these different cases, we may come to the following conclusions:

1. That certain persons are subject to chronic poisoning by tobacco, produced by its excessive use.

2. It has not been possible, as yet, to prove which internal or external conditions favor the development of chronic poisoning by tobacco. In proportion to the large number of workmen engaged in the manufacture of tobacco, in proportion to those who smoke or chew tobacco, the number of those who are affected by this disease is very small, indeed, and naturally raises the question how it is possible that the majority of tobacco-smokers are not affected at all, and that others are affected so seriously. There is no doubt that the smoking of cigars has some influence in this respect; for the tobacco which is used for smoking purposes, loses, by fermentation, about two-thirds of its nicotina, which is not the case with that used for cigars; and, consequently, cigars contain three times the quantity of nicotina. Another point of importance, is the quantity of nicotina contained in the different varieties of tobacco. According to Orfila, Schlosing, and others, the average quantity of nicotina contained in the dried leaves, is as follows: Havana, about two per cent.; Maryland, two per cent.; Pas du Calais, five per cent.; Kentucky, six per cent.; Virginia, about seven per cent., etc. Siebert is certainly right in saying that, since a cigar is more liked than an old-fashioned pipe of tobacco, the affections of the nervous system in smokers have greatly increased in frequency.

3. The symptomatology of chronic poisoning by tobacco varies somewhat, as is seen in the cases I have stated; but there are quite a number of symptoms which are present in all, and which resemble those of acute poisoning by nicotina. I will enumerate these symptoms again, according to the organs in which they take place, and especially those which are most prominent.

A. Organs of special sense: conjunctivitis, produced, most likely, by the dust of the leaves, or by the smoke; photophobia; optical illusions; amaurosis; and blepharospasmus.

B. Skin: this takes on a yellowish hue; it is often cold, and covered with a clammy perspiration; different skin-diseases, as boils, etc., are of not unfrequent occurrence.

C. The digestive organs show a series of disturbances, produced by the direct contact with the nicotina present in the saliva swallowed. We have: stomatitis; glossitis; coating of the tongue and teeth; gastrodynia; neuralgia; mesenterica; loss of appetite; dyspepsia; diarrhæa; and, in severe cases, paralysis of the rectum.

D. The respiratory organs suffer, also, on account of the direct contact with the poison, the result being: coryza; pharyngitis; bronchitis; hæmoptysis; asthma, etc.

E. The organs of circulation present one uniform symptom, which is also noticed in smokers not affected by any other symptom, this being palpitation of the heart, combined with a feeling of anxiety.

F. The sexual organs suffer the least of any. It is only in few cases that we find nocturnal pollutions and paralysis vesicæ.

G. The nervous system, on the contrary, suffers the most of all: at first we have a series of different forms of hyperæsthesia and neuralgia; the whole skin is subject to a high degree of anæsthesia.

The muscular system seems to be weakened: especially is this the case in the lower extremities, requiring the patient to sit or lie down. Furthermore, the trembling of the limbs, the sensation of being on a floating vessel, when the patient walks on a smooth surface, and the movements of the body resembling chorea, are points of interest.

A very important symptom is the dizziness, associated with sleeplessness, and the sensation of all surrounding objects turning around in a circle.

Disorders of the mind are very frequent, especially the feeling of anxiety, timidity, fearfulness, dullness, loss of energy and courage, with delirium and melancholy, in the worst cases.

Before closing, I want to mention another very important fact, which may facilitate the diagnosis. I refer to the improvement of all these symptoms, following the free use of liquor.

The Chemistry of Tetanus.—M. Danilewsky forwards a provisional communication on this subject to the *Centralblatt* of last month, and states that he has arrived at the following conclusions, some of which are already known, whilst others are original: 1. When the circulation of the blood is maintained, the amount of water in active muscle augments, the heart becoming the most watery of all. 2. The quantity of albuminoid substances diminishes in tetanus, though to an inconsiderable extent. The quantity of albuminoids in the heart is much less than in the muscles of the extremities. 3. The alcoholic extract of tetanised muscle contains more nitrogen than that of muscle at rest. The heart contains a very large portion of nitrogen in the alcoholic extract. M. Danilewsky thinks this affords strong evidence of increased disintegration of complex nitrogenous compounds in tetanus. 4. His most recent researches show that in the decomposition of albuminous compounds by means of KOH, compounds containing sulphur, and soluble in warm alcohol, are produced, and hence on *a priori* grounds their presence might be anticipated in the alcoholic extract of warm muscle; and this is fully borne out by analysis. The amount of such compounds cannot, however, as yet be quantitatively determined. The heart again, in this point of view, occupies the first rank, and this furnishes additional evidence of the disintegration of albuminous compounds during muscular activity. 5. Alcoholic extract of muscle contains a phosphorised body (lecithin?) in quantity too large to admit of its coming from the nerves; and it would appear that this also is increased in muscle during long-continued exertion. M. Danilewsky considers that the warm alcoholic extract contains exclusively the products of the regressive metamorphosis of muscle.—*Lancet for August* 31, 1872.—*Mich. University Med. Journal.*

Effect of Bad Air Illustrated.—A striking example, says the *Med. and Surg. Reporter*, of the effects of vitiated air is detailed by Dr. R. A. Smith, of London, in *Nature*. It sets in a clear light the fact that no great diminution of the percentage of oxygen in the air is necessary to make an atmosphere almost deadly to human beings, and the fact that we may be about as ignorant of the noxious quality of the air we are breathing, even while we are taking it into our lungs, as we are susceptible of injury from it. In some of his experiments he used an air-tight chamber, the atmosphere of which he vitiated by burning candles in it. On one occasion a young lady, who was anxious to make the experiment, got into this enclosure just as the candles were put out, and at the end of five minutes, during which she made light of the difficulty, it was necessary to help her out, the partial asphyxiation having taken place in an atmosphere in which the percentage of oxygen was about 19.0.—*Lancet for August* 31, 1872. *Mich. University Med. Journal.*

Case of Beriberi.—An interesting case of beriberi, the symptoms of which at one time strongly resembled those of aortic aneurism, is detailed in the *Madras Monthly Journal of Medical Science*, by G. Williamson, M. D., Assistant-Surgeon of the 19th M. N. I. At last advices, the patient, private, aged 33 years, was on sick leave to his native village, and doing well. The formula most beneficial to him was the following: R. Potas. acet., gr. x.; tinct. scillæ, ℥x.; spir. nitric æther, ℥xx.; liq. ammon. acet., ʒ ij.; Camph. mixt., ʒ i. To be taken every three hours.

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, December 1st, 1872.

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION—PLANS FOR ITS IMPROVEMENT.

The leading editorial in the Boston *Medical and Surgical Journal*, for July 25th, 1872, contains the following suggestions in regard to the plan of organization of the "American Medical Association:"

"Hitherto, the Association has shown, as might have been anticipated, that men, as a general thing, do not value, but rather avoid, as conferring no honor or satisfaction even, positions which, as we have intimated, any one, however inexperienced, incompetent or unfit, can have for the asking. Herein is its present weakness, which must be removed before any hope of improvement can be entertained. In future, then, let the Association have or rather consist of a working Board, a true representative body, of limited numbers, membership in which shall be the reward of professional ability, usefulness and eminence. Two from each State would be a sufficiently large number for all practical purposes. Let this Board be called the National Council of the American Medical Association. Let this Council meet once a year at some convenient place, say Washington, or as the Board might from time to time determine, and continue in session sufficiently long to attend to all legitimate business, scientific and professional, everything in fact in the interests and needs of the profession throughout the Union—giving such advice, recommending such rules, issuing such "Transactions," as would be for the elevation and advancement of the whole profession. Let the term of service for these two National Councillors be six years—one to be chosen every three years; and to place them as much as possible above temporary influences and purely local interests, let them be chosen by a State Council, which for this and other duties, may be constituted and elected as follows:

Let each of the several State Societies choose from its most experienced and best qualified men in number equal, say to that of the State's Representatives in Congress (one-third each year), and, as far as convenient, to obtain representation of all parts of the State—one from each Congressional District. Let these hold office for three years, and form what may be called the Local or State Council of the American Medical Association. They could meet yearly, or oftener if found useful, to consider, primarily, professional matters which in the State are, or may be, of National concernment, and to make selections of such as should be carried before the National Board—in short, to do all the work of a State Committee. Each of these State Boards should, once in three years, choose one of the National Councillors, as before mentioned, from their own Board or at large, wherever the best qualified could be found. As in these State Boards the chief preparative work should be done, while its revision and completion should be left to the sober judgment and more deliberate action of the National Board, the National Councillors might have seats in the State Board—without vote—in order that they might know all the arguments and circumstances relating to any case, and the wishes of the State Board, in full, to guide their own action in the National Board.

Should the plan work successfully, as we have no doubt it would, eventually the State Societies might, if then thought advisable, without changing name or management in any other respect, become branches, and their Districts sub-branches of the National organization, retaining all the desirable features now possessed; and thus give to each of their members admitted by nomination of county societies (or District societies) after two or more year's practice and probation (if thought best), an additional bond of union with the whole profession in the country, and an additional *title* to the respect of the community at large.

In such event the National Council could arrange for general meetings (every year or second year, and in different parts of the country) for all members who might choose to attend. At these meetings there might be orations in medicine, in surgery, and in other departments, reports, communications, discussions, and consideration of other matters of professional interest; while all the evils of the present organization would be avoided, by the exclusion of all matters of busines or

control, which would continue in the hands of the National Council, and not be agitated at any of these general meetings."

It appears that the leading ideas embraced in the foregoing article, are, that the Association, as at present organized, is not sufficiently representative; that membership is so easily obtained as to make it regarded of little value; that the attendance of the same members is too short or irregular to give them the necessary experience, or to impart to the proceedings of the Association the desired stability and uniformity; and that the annual meetings are too large, and their sessions too brief, to permit efficiency in the transaction of important business. To remedy these defects, it is proposed to create a National Council, composed of two delegates from each State, which would sufficiently limit the number, and make the body strictly representative. To secure permanency, each delegate is to hold office six years, allowing one to be elected from each State every three years. It is suggested that the delegates from each State be appointed by a State Council, composed of one delegate from each congressional district, the latter to be appointed by the State Medical Societies. These State and National Medical Councils, are to have the exclusive control of purely business matters, including all questions of education, literature, ethics, legislation, and publication of transactions, leaving the general meetings of the State and National Associations to be devoted wholly to scientific and social purposes. The leading idea underlying these suggestions, that we ought to have a smaller, more stable, and more truly representative body, to take charge of all strictly business matters, is not new, but has been suggested by several individuals, and at different periods of time. Dr. Isaac Hays, of Philadelphia, at the first meeting, when the original plan of organization was under discussion, urged such amendments as would place all the business matters of the Association in a council of limited number, elected in such a manner as to ensure stability, while the membership of the Association might be almost indefinitely increased, and the general meetings devoted exclusively to scientific and social purposes.

At the meeting in San Francisco, 1870, Dr. S. G. Moses, of St. Louis, sent a communication, recommending the engrafting upon the Association the organization of a National Academy of Medicine, consisting of a limited number of representatives, which should elevate and regulate the standard of education, by providing suitable boards of examiners, who should examine all applicants, and give to such as were found qualified, a Degree, that would be independent of and higher than any mere college diploma. The communication was referred to the standing Committee on Medical Education, and reported on at the meeting in Philadelphia, last year. In their report, the committee, instead of recommending the plan of Dr. Moses, proposed the convening of a Medical Congress, consisting of two representatives from each State, and one from each medical college in the country, all of whom should be appointed by the Association. These various propositions, all aiming at the establishment of a national organization, far less numerous in membership, more stable, and more truly representative, are sufficient to indicate an increasing sentiment in the profession, favoring such an object.

Yet, all the plans thus far proposed, are so defective in details as to render it difficult to judge of their merits. It is very easy to say, with the Boston *Medical and Surgical Journal*, that the present Association is too large and unstable in its membership, and its annual meetings too short to permit efficiency and judiciousness in the transaction of important business. It is equally easy to suggest, that a National Council should be appointed, consisting of two from each State, selected from the wisest and best men in the profession; and that a State Council should exist in each State, consisting of one delegate from each congressional district, and selected with such care as to make each a true representative of the profession in his district. But when we inquire *how* the members of the National and State Councils shall be appointed, in order to secure the actual selection of the *best* men,

the answer is not so easily given. Dr. Moses, in proposing the establishment of a National Academy, says nothing about how the members should be elected.

The Committee on Medical Education, at the last annual meeting, in proposing a National Congress, composed of two from each State, suggested their selection by the Nominating Committee, and election by the Association. The Boston *Journal* suggests, that the members of the National Council be appointed by the State Councils, and hold their offices six years, one being chosen every three years, while the members of the State Council should be selected by the State Societies.

Practically, then, all the propositions thus far made, contemplate the selection of delegates to the new organizations, by either the National or State Societies.

But does the experience of the past or the practical working of these societies, justify the conclusion that they would always, or even generally, select the best men? Is there not as good an opportunity for interested, ambitious, and unfit members to electioneer and make combinations to secure their election in these societies, as in any of the other relations of human society? And when appointed, would their acts have any more weight, or command any more ready obedience, than would the same acts if performed by the present societies? These are questions worthy of careful consideration, but which we do not propose to answer at present.

Again, if the National and State Councils, are to consider "all legitimate business, scientific and professional, everything, in fact, in the interests and needs of the profession throughout the Union—giving such advice, recommending such rules, issuing such 'Transactions,' as would be for the elevation and advancement of the whole profession," as stated by our Boston cotemporary, what need is there of retaining our present National Association, or even the State Societies in existence? The election of the delegate to the State Council could as well devolve on the joint action of whatever local societies might exist in each congressional district, and then neither the State Societies nor the National Association would have anything of importance left to occupy their sessions, except social intercourse. It is true, that a part of the time of each meeting might be spent in listening to addresses on different departments of medicine, or papers; but if all action on such papers, and all questions of medical polity must be referred over to the State and National Councils respectively, we doubt whether there would remain sufficient interest to keep these organizations in active existence.

If we understand the report of the Committee on Medical Education correctly, the National Congress therein suggested, was to be only a temporary organization, for a special purpose. That purpose was, to agree on a carefully-devised scheme of medical education for the whole Union, and then enforce its adoption, by thereafter refusing membership in the Association, to all institutions that did not comply.

But is it likely that such a Congress would devise any better scheme of education than the one agreed upon by the Convention of Delegates from medical colleges, which was held in Cincinnati, in 1867, and re-affirmed by another convention of college delegates, in Washington, in 1870; and twice unanimously approved by the Association? If not, would it not be better to turn attention at once to the measures necessary to enforcing this scheme, instead of consuming time in devising another? We do not clearly see how the recommendations of another convention or congress would have any more practical force, or would be more easily executed, than those of the conventions already held. Having thus noticed the several propositions which have been made by parties who are dissatisfied with the progress of the past, the questions remain, whether our present State and National organizations are susceptible of important improvements, and whether there is any feasible plan by which a higher standard of medical education can be enforced? These we will endeavor to answer in our next issue.

PRIZE ESSAYS.

The Committee of the American Medical Editors' Association, appointed to consider and make known a proper subject for prize essays, have recommended the following for the prize to be awarded in May, 1873: "*The Pathology and Treatment of Diseases of the Ovaries.*" And for the prize to be awarded in May, 1874, the following: "*At what stages of Pulmonary Tuberculosis is a Change of Climate Desirable; what are the Principles which should govern us in choosing the kind of change to be made; and the best localities in North America to send Patients of this class.*" The prize offered is $100, and competition is open to all medical *editors*. It is not open to all physicians.—*Nashville Journal of Medicine and Surgery.*

We answer the closing question of the above paragraph, by saying that the action of the "Association of American Medical Editors" restricted competition for the prizes offered, to medical editors alone. The object evidently was, to encourage both investigation and writing among those connected with our medical periodicals. And we hope the time will not pass without developing a lively competition.

Philadelphia Medical Times.—This valuable periodical, published by J. B. Lippincott & Co., and hitherto issued semi-monthly, is now published *weekly*.

Strychnia in Typhoid Fever.—A correspondent in Wisconsin, writes to the *Medical and Surgical Reporter*, of Philadelphia, thus: 'I am not aware that, strychnia, or nux vomica is used in typhoid fever; but having witnessed its curative action in dysentery, I was induced to give it a trial, and am satisfied that it is one of the best remedies we possess for supporting the patient and restraining the excessive action of the bowels." It is quite possible that the *Reporter's* correspondent may not be aware of the fact, and yet it is true, that strychnia has been used and its value well known in the treatment of certain stages of typhoid fever for a quarter of a century at least. It was used and strongly recommended by Dr. Thomas Spencer, of the Geneva Medical College, more than twenty-five years since. And it has been used both in hospital and private practice at least twenty years in this city, and repeated references made to it in our medical journals.

INTERNATIONAL EXHIBITION FOR 1876.

We have received from Dr. F. L. Mathers, of Carlinville, Ill., one of the United States Centennial Commissioners for this State, the following address, and we insert it for the information of our readers, and hope they will give it due attention.—Editor.

An Address by the United States Centennial Commission.

To the People of the United States:

The Congress of the United States has enacted that the completion of the One Hundredth Year of American Independence shall be celebrated by an International Exhibition of the Arts, Manufactures, and Products of the soil and mine, to be held at Philadelphia, in 1876, and has appointed a Commission, consisting of representatives from each State and Territory, to conduct the celebration.

Originating under the auspices of the National Legislature, controlled by a National Commission, and designed as it is to "Commemorate the first Century of our existence, by an Exhibition of the Natural resources of the Country and their development, and of our progress in those Arts which benefit mankind, in comparison with those of older Nations," it is to the people at large that the Commission look for the aid which is necessary to make the Centennial Celebration the grandest anniversary the world has ever seen.

That the completion of the first century of our existence should be marked by some imposing demonstration is, we believe, the patriotic wish of the people of the whole country. The Congress of the United States has wisely decided that the Birth-day of the Great Republic can be most fittingly celebrated by the universal collection and display of all the trophies of its progress. It is designed to bring together, within a building covering fifty acres, not only the varied productions of our mines and of the soil, but types of all the intellectual triumphs of our citizens, specimens of everything that America can furnish, whether from the brains or the hands of her children, and thus make evident to the world the advancement of which a self governed people is capable.

In this "Celebration" all nations will be invited to participate; its character being In-

ternational. Europe will display her arts and manufactures, India her curious fabrics, while newly opened China and Japan will lay bare the treasures which for centuries their ingenious people have been perfecting. Each land will compete in generous rivalry for the palm or superior excellence.

To this grand gathering every zone will contribute its fruits and cereals. No mineral shall be wanting; for what the East lacks the West will supply. Under one roof will the South display in rich luxuriance her growing cotton, and the North in miniature, the ceaseless machinery of her mills converting that cotton into cloth. Each section of the globe will send its best offerings to this exhibition, and each State of the Union, as a member of one united body politic, will show to her sister States and to the world, how much she can add to the greatness of the nation of which she is a harmonious part.

To make the Centennial Celebration such a success as the patriotism and the pride of every American demands will require the co-operation of the people of the whole country. The United States Centennial Commission has received no Government aid, such as England extended to her World's Fair, and France to her Universal Exposition, yet the labor and responsibility imposed upon the Commission is as great as in either of those undertakings. It is estimated that ten millions of dollars will be required, and this sum Congress has provided shall be raised by stock subscription, and that the people shall have the opportunity of subscribing in proportion to the population of their respective States and Territories.

The Commission looks to the unfailing patriotism of the people of every section, to see that each contributes its share to the expenses, and receives its share of the benefits of an enterprise in which all are so deeply interested. It would further earnestly urge the formation in each State and Territory of a centennial organization, which shall in time see that county associations are formed, so that when the nations are gathered together in 1876 each Commonwealth can view with pride the contributions she has made to the national glory.

Confidently relying on the zeal and patriotism ever displayed by our people in every national undertaking, we pledge and prophecy, that the Centennial Celebration will worthily show how greatness, wealth and intelligence, can be fostered by such institutions as those which have for one hundred years blessed the people of the United States.

JOSEPH R. HAWLEY, *President.*
LEWIS WALN SMITH, *Temporary Sec'y.*

WE have received the following circular from Messrs. Codman & Shurtleff, Boston:

To remove the doubts that will naturally arise respecting our means of filling orders since the disastrous fire, but just extinguished, which has laid in ruins most of the business part of our city. We are so fortunate as to have entirely escaped all direct loss: our store, factories, stock and machinery are in their usual condition, no attempt at removal even having been necessary.

We therefore join with our patrons in the sympathy we are sure will be universally felt for those less fortunate than ourselves. We thank our friends for their liberal patronage in the past, and assure them that our facilities for meeting their wants, and our desire to do so to their entire satisfaction, remain undiminished.

CODMAN & SHURTLEFF.

Gleanings from Our Exchanges.

HYPODERMIC MEDICATION.

We copy the following regarding Hypodermic Medication from the *Canada Lancet:*

We are indebted to Dr. Alexander Wood, of Edinburgh, for the discovery and application of Hypodermic Medication. It was first used by him in 1843, in the treatment of a case of neuralgia, and for many years its use was confined to the treatment of this affection, and morphine was the only agent so used. Wood believed that the remedy to be effectual should be localized, although he was well aware of its general effects on the system. Charles Hunter, of London, wrote an essay in 1859 on 'the Hypodermic treatment of disease,' in which he showed that localization of the injection was not necessary. He was an enthusiastic advocate of this plan of medication. From this time its use became very general throughout England and on the continent.

It was first used in America by the late Geo. T. Elliott of Bellevue Hospital, in a case of sciatica. Since then it has been gradually growing into favor among the profession, and is now very extensively used. But notwithstanding this rapid advance and its many advantages over ordinary medication, there are still many practitioners who have never tried it, and who do not think it possesses any advantages over the old way of giving medicine; some are prejudiced against it, and others regard it as an innovation or a novelty which is destined soon to be among the things that were. It has, however, in spite of all opposition assumed a wide range of applica-

tion, both in the variety of diseased conditions to which it is applicable and the remedies used, and has taken its place as a standard means of great value to both the patient and practitioner in the relief of many painful and spasmodic diseases.

Remedies injected into the sub cutaneous areolar tissue, have in most instances the same effect as when administered by the mouth. Some years ago a scientific committee was appointed by the chemical society of London, to report on the physiological and therapeutical effect of remedies administered sub-cutaneously, and they gave it as their opinion that no difference was observed in the effects of a remedy thus given, and by the stomach, except greater rapidity, certainty, and intensity of effect, and requiring a less amount to affect the system than when given in the ordinary way.

The agents thus used, being generally powerful in their nature, its application is not always unattended with danger, and therefore it is necessary to exercise care in its administration. Very great improvement has been made in the *instruments* now in use, and therefore nothing need be said regarding them, further than that those with a graduated glass barrel are preferable, as it enables one to see the quantity used, and also to be sure that no air occupies the barrel. One of the greatest dangers of this method, except its use in cardiac disease, is the risk of injecting air or the solution into a vein. This may always be avoided by pushing the needle through the integument (which has been pinched up for that purpose on the breast, arm, or shoulder) to the extent of three-fourths of an inch, and then withdrawing the point a short distance before injecting the solution. If air is drawn into the syringe in filling it, the instrument should be inverted, and the piston pushed in, till all the air is forced out.

Much of the success of this method of medication depends upon the purity of the medicines used, and the character of the solutions. The remedy should be in a perfect state of solution, and always filtered to remove any undissolved portions, as they are apt to give rise to the formation of small abscesses. The solution should not be too strongly acid or alkaline, and not too much concentrated. Pure distilled water only should be used, as a solvent, when practicable, and the solution should not be kept too long. We give below some of the formulæ in common use.

For Morphine: Magendie's solution is the best. It consists of Morphiæ sulph. grs. xvj; aquæ dest. ℥j. Mix and filter. The dose is from 5 to 8 minims.

For atropine: ℞. Atropiæ sulph. gr. ss.; aquæ dest. ℥iij. Mix and filter. The average dose is 4 minims. If it is desired to combine these two remedies, one grain of atropine may be added to Magendie's solution; of this 5 minims is the average dose.

For Strychnine: ℞. Strychniæ sulph. gr. j; aquæ dest. ℥iij; acidi hydrochlor, gr. j. Mix and filter. Average dose 5 minims. It would be well to begin with a small dose and gradually increase.

For Quinine: ℞. Quiniæ sulph. grs. xx; acidi sulph. aromat, ten minims; aquæ dest. ℥iij. Mix and filter. Nine minims equal one grain. This solution is more apt to cause abscess than the above, on account of its greater acidity.

For Calabar bean: ℞. Ext. calabar bean gr. ij.; aquæ dest. ℥j. Mix and filter. The average dose of this is 8 minims.

For Corrosive sublimate; ℞. Hydrarg bichlor gr. j.; Aquæ dest. ℥ij. Mix. Dose about 10 minims, and may be used every alternate day. It has been highly spoken of in the treatment of constitutional syphilis.

On Measuring the Chest. — Dr. Frœhlich, of Dresden, in a recent number of *Virchow's Archiv.*, gives for chest measurements the following simple directions, attention to which would insure uniformity of procedure: The person to be examined should stand in an unconstrained position before the physician, breathing with his month shut, and should raise both arms, stretching them out horizontally. A tape not broader than 1 Cm. (about ⅜ of an inch) should be placed round the chest directly under the inferior angles of the scapulæ behind, and the nipple in front, and should then be read off, first after the deepest inspiration and then after the deepest expiration, and both data recorded. The author then sums up the results which he has obtained by this method of observation, of which some of the more important are as follows: — The average circumference of the chest measured in 725 healthy men, 20 years of age, was, after deepest inspiration, 89 Cm. (about 35 inches), and after deepest expiration, 82 Cm. (about 32¼ inches), the average play of the chest being thus 7 Cm. A circumference of only 75 Cm. (29½ inches) indicates what the author calls an unripe chest, and should exclude the person from military service. A circumference of 750–759 Mm. should, under exceptional circumstances, be considered sufficient for military service; but when it reaches 760 Mm. (30 inches), if the person is otherwise healthy, then it ought to suffice.—*Med. Reporter.*

Pruritus of the Meatus.—Dr. Gruber (*All. Wien. Med. Zeitung*) states that the intolerable itching of the external auditory passage, which occurs in paroxysms, often periodical, takes place when uncomplicated by eczema, in persons past the middle period of life, especially those laboring under some disturbance of the circulation. For the radical cure, a solution of nitrate of silver, eight grains to the ounce of distilled water, is to be penciled on the part till the itching no longer occurs.—*The Doctor.*

Dr. Ira Remsen, lately instructor in the University Laboratory of Tubingen, has accepted the Chair of Chemistry and Physics in Williams College, Massachusetts.—*Med. and Surg. Reporter.*

Book Reviews.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. Illustrated by numerous cases and engravings. By William Roberts, M. D. Second American, from the revised and enlarged London edition. Philadelphia: Henry C. Lea, 1872. Jansen, McClurg & Co., Chicago.

This is a volume of 612 pages, constituting a very full and complete treatise on the subject of Urinary and Renal Diseases. The work is divided into three parts — part first, which is in a measure introductory to the other two, being devoted to the consideration of the physical and chemical properties of the urine, and the various alterations which it undergoes under different circumstances of health and disease. The methods of examining the urine for clinical purposes are also explained; and the appearances of urinary deposits, both as observed by the naked eye and under microscopical examination, are fully described and figured.

The second part treats of the "urinary diseases," viz.: diabetes insipidus, diabetes mellitus, gravel and calculus, and chylous urine.

The organic diseases of the kidneys form the subject of the third and largest part of the work.

The first English edition of this work as well as a separate American reprint, has been out of print for nearly three years past. This new and enlarged edition is certain therefore to meet with the favorable reception to which its merits justly entitle it.

The Chicago Medical Register and Directory, 1872–3, containing a description of the Medical Colleges, Hospitals, Infirmaries, Asylums, and Charitable Institutions, together with the Medical and other Scientific Associations of the entire State of Illinois. Edited and published by T. Davis Fitch, M. D., and Norman Bridge, M. D.; revised by the Presidents of the regular Medical Colleges and Societies of Chicago, and of the Illinois State Medical Society.

The publication of this work has been undertaken by the editors in the belief that such a book was both needed and desired by the medical profession of the State, and particularly of Chicago. The table of contents is as follows: American Medical Association, its origin and history; Illinois State Medical Society; City, County, and District Medical Societies; Medical Colleges, Hospitals, and Dispensaries of the City; Charitable Institutions, Societies, etc., of the City and State; Directory, including lists of the physicians in most of the principal cities and towns of the State, as well as a full list of regular physicians in the city of Chicago. A list of the regularly graduated dentists and pharmaceutists of Chicago is also given.

The editors have done their work well and faithfully, and are entitled to much credit for their endeavors to present to the profession a complete and reliable medical register. They have succeeded in condensing into a small compass a large amount of matter of value and importance to the physicians of the State. It is their intention to publish the Register annually, but the present volume is issued so near the beginning of 1873, that volume two will not be published before May, '74.

The Register and Directory can be obtained by addressing: "Medical Register, 296 West Monroe Street, Chicago," mailed free of postage on receipt of $2.00.

Money Receipts to November 1st, 1872.—Dr's. D. Lord, $3.00; W. S. Robertson, $3.00; D. T. Nelson, $3.00; A. J. Smith, $3.00; Chas. Wirth, $3.00; D. Newell. $6.00; M. Parker, $6.00; J. Milleron, $6.00; Chester Reeder, $15.00; B. F. Rolfe, $3.00; J. T. Frazer, $3.00; W. M. Burbank, $3.00; D. A. McDonald, $3.00; M. A. Seamon, $10.00.

Original Communications.

ARTIFICIAL PLACENTAL RESPIRATION.

At the meeting of the Chicago Society of Physicians and Surgeons, held Nov. 12th, a paper, avowedly a suggestion only, was read by Dr. John Bartlett, entitled, *Artificial Placental Respiration.*

Dr. Bartlett suggested, in certain cases in which the after-birth is extracted or extruded before the child, the following practice: *directly upon the detachment of the placenta, immerse it in the fresh, warm, defibrinated blood of some animal, as the sheep; change the blood as often as practicable, and aerate it by means of oxygen gas.*

Dr. Bartlett considered the statements going to show that the life of the fœtus was not momentarily dependent upon the purification of its blood through contact with the maternal circulation, too numerous to be disregarded. Three classes of cases in which the fœtus had for a considerable time survived a separation from the maternal circulation, were cited. In one class, the child maintained life in the dead body of the mother; in a second, the fœtus survived separated from the mother, its relations with the after-birth and membranes being retained; in the third, the child remained alive in utero, while the placenta was without the mother.

The circumstances and conditions under which the fœtus may, for a considerable time, continue its life after the disruption of its placental relations to the parent, seemed to be such as left the after-birth in situation, in some measure, to perform its branchial functions.

Dr. B. proceeded to point out by what simple processes of absorption and exhalation the embryo in the lower forms of vertebrata and in man in the earliest stages of embryonic existence, was nourished. He stated that the relation of the placenta of the chick to the albumen of the egg—its immersion in a fluid through which it absorbed oxygen and exhaled carbonic acid — was exactly such as he proposed to establish between the fœtus and the blood in which the placenta was immersed.

In regard to the probabilities of the simple immersion of the placenta in arterial blood proving adequate for the temporary respiration of the fœtus, the essayist called attention to the rapidity with which absorption took place through even the smallest abraded surfaces. The placenta presented fifty square inches of serous, and the like extent of fresh surface through which the necessary interchange of gases might take place. In referring to the anatomy of the placenta, the language of Owen was quoted: "The placental inter-communication is carried on by the contact of the fœtal capillaries with the *maternal extravasated blood.*" In this expression, Dr. Bartlett regarded his suggestion as foreshadowed.

Artificial placental respiration would prove available in those cases of placenta prævia in which the after-birth is detached, whether by the efforts of the uterus, or by the accoucheur. It might, also, offer an additional chance of resuscitation to the asphyxiated child, where the placenta is also delivered.

On account of the difficulty of obtaining blood of an inferior animal just when needed, Dr. Bartlett suggested that the addition of phosphate of soda and oxygen gas to water might render it a substitute. In some cases, the blood escaping from the mother might be made use of.

TUMOR OF THE IRIS WITH CATARACT—ITS REMOVAL BY OPERATION.

BY CHAS. L. STODDARD, M. D., WHITEWATER, WISCONSIN.

Mrs. Brownley, aged 45, presented herself at my office, about two years ago, complaining of pain in her right eye. I found at the lower part of the iris a slight discoloration, but could not determine at the time that it indicated disease, as it did not differ in appearance from maculæ often found on the iris. Six months later I again saw her, and found a cataract, well developed, and total blindness of that eye as the result. The iris, at

this time, differed only in appearance by the maculæ being somewhat more conical in appearance, and encroaching on the anterior chamber. She still complained of pain in the eye, for which I prescribed, but did not advise operative interference. Again, in the winter of this year, she consulted me, when I found a well-marked tumor, adherent to the lower anterior part of the iris, of a blackish or brownish appearance, pressing forward the iris, into contact with the posterior cornea, almost, and pressing the opaque lens backward, giving the pupil a peculiar appearance, as of a hollow tube. I now advised her to have the tumor removed, and that a consultation might be held on her case with some surgeon of eminence, as I could not decide whether the case was likely to assume a malignant form or not. An oculist of eminence, from Milwaukee, advised, on consultation, that the whole eye-ball be removed, but she would not consent; neither did I advise so severe an operation, but was inclined rather, to remove the tumor and lens by extraction, and an iridectomy of all that part of the iris involved in the mass. To this plan she finally consented. After considering the difficulties to be encountered, owing to the obliteration of the anterior chamber, and the adhesion which the tumor might have formed with the anterior structures, I decided on a modification of the linear incision; I entered my knife in the sclerotic, near the corneal junction, passed it through the iris, without touching the pupil (I did not dilate it), and between the tumor, as nearly as possible, and lens, divided the ciliary ligament on the inner or nasal side, and then passed it outwards, through the sclerotic, making, in fact, a combination of the old and new or linear incision, together with a division of the ciliary ligament and iris. I then carefully closed the lids, with a compress, for a few seconds. On opening and making slight pressure, a body escaped, covered on one side with blackish pigment, and on the other had a fleshy or raw surface. It was as large as a pea, of the consistence of soft cheese, and was, in fact, the veritable tumor, complete. Again, on making slight pressure, the lens escaped, being compressed at one part, where it lay in contact with the tumor, and appeared to be merely the very much thickened capsule. There was a slight escape of vitreous matter, but not sufficient to interfere with a good result. She was treated in the usual manner after an ordinary extraction. Two days later incision healed, and anterior chamber filled up pretty well. Eight days after operation, all going on well — eye well-filled, pupil, normal in shape; cornea perfectly clear; a slight coagulate still remaining undissolved in the anterior chamber, below the pupillary margin, but could distinguish objects quite clearly, so that the operation may be considered a success, both as to the removal of the tumor and restoration of sight, as she is quite healthy otherwise. The tumor on examination appeared to be a fleshy mass, coming under the head of fibrous or fatty—in fact, appeared more like a glandular structure than any other. The microscope showed nothing to indicate that it was of a malignant character—simple cells only, imbedded in ordinary strome, and fewer of a fatty kind than I had anticipated from its physical characteristics.

The facts in this case will fully corroborate the theories of modern oculists, who show that the anterior eye may be freely divided at almost any part; that the iris may be incised, or removed in part; the ciliary ligament freely divided; and, in fact, any modification or incision made in appropriate cases with hopes of a good result.

Antiseptic Injections and Drainage Tubes in Empyema.—By Edmund Andrews, M. D. Prof. of Surgery in Chicago Medical College.

The great success of carbolic acid injections in arresting the purulent secretion, and consequent exhaustion and hectic of large abscesses determined me to try it in Empyema. The following case shows the success:

Michael Hennessy was stabbed in the back part of the left chest, last June. The wound was closed, but effusion occurred, which became purulent, and discharged through a fistulous orifice, remaining after the tapping of the cavity. A few months later he was found confined to the bed, emaciated, and slowly going down with the copious suppuration.

My first effort was to inject carbolated water into the fistula; but I found the opening small and crooked, and the interior so full of pus that not enough of the antiseptic could be gotten in to accomplish anything. I then anæsthetized the patient and made a good sized opening into the chest between the ribs where the fistula lay. About a quart of pus gushed out, showing that the contraction of the orifice had kept in the discharge, and prevented the tendency of the cavity to gradually collapse and become obliterated. To prevent a recurrence of the trouble, I inserted a piece of small rubber tube, and tied it in. Through this tube large injections of carbolated water, ten grains to the ounce, were freely thrown once a day. Between the dressings the wound and the orifice of the tube were kept guarded by a compress of cotton dipped in carbolated oil (40 grs. to the ounce.) By this treatment the secretion of pus has been almost arrested; the patient is growing fat and vigorous, and is already able to take long walks. The cavity is becoming smaller, and bids fair to be safely obliterated.

Experiments made by Dr. Andrews, in Mercy Hospital, show that although Cundurango has no control over cancerous tumors, it powerfully promotes the growth of granulations in chronic indolent ulcers. He promises shortly to give us his facts in full.

The U. S. Government has adopted for Marine Hospital use the ecraseur forceps, invented by Dr. E. Andrews, of this city, as a substitute for the old-fashioned chain ecraseur.

Why does'nt some one give us a condensed statement of the medical literature of Japan?

Subcutaneous Injection of Mercury in Syphilis.—The injection of biehloride of mercury in the treatment of syphilis finds a warm advocate in Dr. Staub, of Strasbourg (*Traitement de la Syphilis*), who specially recommends the following formula: Bichloide of mercury, 1.25 *grammes;* chloride of ammonium, 1.25 *grammes;* chloride of sodium, 4.15 *grammes;* the white of one egg; distilled water, 250 *grammes;* One *centigramme* of this is injected daily beneath the skin, in two portions, one-half in the morning, the other in the evening. According to this somewhat enthusiastic writer, the bichloride, so administered, is an invaluable therapeutic agent, infallible in the treatment of secondary symptoms, prompt, complete, and devoid of inconvenience.— *Gaz. Hebdom.*

Clinical Reports.

CLINICAL CASES IN THE MEDICAL WARDS OF THE MERCY HOSPITAL.

SERVICE OF PROF. N. S. DAVIS.

Clinic of Nov. 29th, 1872.

Case I.— *Chronic Dysentery.*—The first case to which I will call your attention, is one that you examined fully in one of the clinics last week. He is a man, 40 years of age, and, as you will remember, had been suffering many weeks with chronic dysentery.

When you examined him before, he was much emaciated; pulse soft, quick and weak; skin relaxed and clammy to the feel; countenance depressed and anxious; with frequent passages of bloody serum, mixed with whitish flakes and some mucus. These passages were not only frequent, but accompanied and preceded by great pain and tenesmus.

Previous to his admission to the hospital and during the week preceding your examination of his case, he had taken quite a variety of remedies, with but little apparent influence over the progress of the disease. Owing to this fact, and the increasing exhaustion, as indicated by the soft, weak pulse and relaxed skin, he had been put upon the two following prescriptions:

℞	Ol. terebinth.,		ʒ iii.
	Ol. wintergreen,		30 gtts.
	Tinct. opii,		ʒ iv.
	Pulv. gum arabic,	aa	ʒ vi.
	White sugar,		
Rub together and add			
	Water,		℥ iv.

Mix, and take one teaspoonful every three hours.

℞	Strychnia,	1 gr.
	Nit. acid,	ʒ i.
	Tinct. opii,	ʒ iv.
	Simple syrup,	℥ ss.
	Water,	℥ iiiss.

Mix, and take one teaspoonful in a tablespoonful of sweetened water, half way between the doses of the preceding prescription.

Directions were also given to have an enema containing one drachm of syrup of ipecac and half a drachm of tincture of opium in

two ounces of water, administered evening and morning. For nourishment the patient took chiefly wheat flour and milk porridge. For four days after you saw him, he pursued this treatment without any material change, and it resulted in a decided improvement in all his symptoms. The discharges were reduced to three or four in the twenty-four hours, and contained very little appearance of blood or mucus, and were accompanied by no pain. But the strychnia and nitric acid mixture now began to irritate his stomach, and it was omitted, and the terebinthinate emulsion, given every two hours. The enemas were limited to one every evening. At the present time he is feeling quite well, and is having only one or two passages in the twenty-four hours. It will be necessary, however, to continue the emulsion and a careful regulation of his diet until the passages are not only reduced to one per day, but also assume a healthy, consistent character. How far ipecac adds to the efficacy of enemas in dysentery, I will not venture an opinion, simply because I have resorted to it in only a few cases. The first case in which I resorted to it, was that of a delicate lady who had been attacked with dysentery during childbed, and in whom it proved very obstinate. I tried faithfully for ten days to control the disease, but without any desirable progress. On the contrary, she was rapidly failing in strength and flesh, and her stomach had become so irritable, that it was difficult for her to retain anything.

In this condition I desisted from the exhibition of active remedies by the mouth, and directed that she should have an enema of ten grains of pulverized ipecac and one half grain of sulphate of morphia, in two ounces of water, every four hours, until the passages were controlled. This course was followed by the most decided relief and the rapid recovery of the patient.

Case II.—*Pleuro-Pneumonia.*—The next case is also one which you examined fully several days since. It was in the person of a man, aged thirty-five years, slender in form, and nervous in temperament. At the time of his admission into the hospital, he had been laboring under an acute attack of pleuro-pneumonia for about one week. At the time you first saw him, which was only two days after his admission, his face was dusky or leaden; pulse small, quick, and weak; extremities cool; breathing short, hurried, and much oppressed; stomach and bowels quiet, but much pain in the lower part of the left side of his chest. You will remember that he was expectorating a very large quantity of muco-purulent matter, mixed with dark blood, and the whole left side of the chest was moderately enlarged, the intercostal spaces full; complete dullness on percussion from the clavicle to the diaphragm, and silence on auscultation, while the right side appeared to be natural. The complete dullness on percussion, with enlargement of the side, rendered it certain that he had pleurisy with effusion, while the copious bloody expectoration was equally indicative of pneumonia, with copious exudation.

You will also remember that I then called your attention to the quantity and quality of the expectoration, in connection with the naturally slender or phthisical appearance of the patient, as justifying the apprehension that the pneumonic exudation, instead of undergoing re-absorption, would take on the degenerative process styled caseous degeneration, and end in extensive diffuse suppuration and death. To check this tendency, and at the same time mitigate the cough and pain in his side, I directed a blister on his side, and a teaspoonful of the following mixture every three hours:

℞	Hydrochlorate ammonia,	ʒ iii.
	Tart. ant. et pot.,	2 grs.
	Sulph. morph.,	3 grs.
	Syrup of liquoriee,	℥ iv.

Mix; and half way between each of these doses, five grains of carbonate of ammonia, one of pulverized gum camphor, and one of sulphate of quinine, suspended in mucilage of gum arabic. Also, as much milk and animal broth for nourishment as his stomach would bear. He followed this treatment for five or six days, when your attention was called to him again. The pain had then disappeared from his side; the capillary circula-

tion in the surface and the temperature of the extremities had improved; the cough was less severe; the expectoration still copious and puruloid, but nearly destitute of blood; the respiration better, but still short, and the physical signs derived from auscultation and percussion, the same as before.

I then told you we would continue to give him the anodyne and expectorant mixture every four hours, but instead of the carbonate of ammonia and camphor, we would give a small tablespoonful of a mixture of extract of malt, two parts, and compound syrup of hypophosphites, one part, hoping that the latter would be more efficient in lessening the tendency to suppuration, and in promoting the process of nutrition. He has continued that treatment until the present time, with a steady improvement in all his symptoms. He now coughs and expectorates but little; has a fair appetite and is steadily increasing in strength. The left side of the chest is diminished in size; a slight respiratory murmur can be heard over the upper and anterior part, but there is still general dullness on percussion. I shall advise a continuance of the same treatment.

Case III.—*Chronic Gastritis.*—The next patient before you is a man, about forty-five years of age, a laborer; his surface is white, as in spanemia; his pulse is soft and weak, but not more than eighty-five per minute; his bowels nearly natural; but his flesh is soft and moderately emaciated, and he has for several months complained of muscular weakness and great distress in the stomach after taking food, and frequent vomiting. The distress is sometimes a hard pain in the epigastrium, but more frequently a burning and sense of heaviness, immediately aggravated by taking food, which latter is often rejected by vomiting, accompanied with much acid mucus. And if the food is not rejected, its digestion is accompanied by much flatulency, with gaseous and sour eructations. His bowels are easily moved by laxatives, and his urine nearly natural. His age, and pallid appearance, and moderate loss of flesh, would suggest the probable existence of cancerous disease of the pylorie portion of the stomach. But in this form of disease, there is generally less flatulency, less acid or sourness, and less burning distress and vomiting immediately after taking food. In cancer of the pylorus, the distress after eating comes later, and the vomiting is more uniform, both in time after eating, and in being chiefly a thick, ropy mucus; more decided constipation, and in most cases presenting a hard tumor which can be felt in the lower part of the epigastrium, when the patient is on his back, with the thighs flexed sufficient to relax the abdominal muscles.

When cancerous disease exists at the cardiac orifice of the stomach, the patient generally feels a difficulty of deglutition, or rather the food seems to stop and create distress before it fairly enters the stomach.

After a careful comparison of the symptoms of chronic inflammation of the mucous membranes of the stomach, and cancerous disease, and being unable to find any hardness or tumor in the region of the pylorus, I am constrained to regard the case before you as one of chronic gastritis. With this view of his case, when he first came under my care, about four weeks since, his diet was limited to small quantities of the more bland articles, and he was given a teaspoonful of the following solution before each meal, and a powder of six grains of sub-nitrate of bismuth and one-quarter of a grain of sulphate of morphia, at bed-time.

℞	Carbolic acid crystal.,	6 grs.
	Glycerine,	ʒ ss.
	Tinct. gelsemin,	ʒ iii.
	Camph. tinct. opii,	ʒ i.
	Water,	ʒ ii.

We continued this treatment, with an occasional laxative pill at night, for three weeks; and after the first four or five days, he was so much relieved that he had very little flatulency or pain in the stomach; did not reject his food by vomiting more than once or twice per week. About one week since, however, he began to complain of a return of all of his old symptoms, more especially of the flatulency and acid eructa-

tions. I then discontinued the carbolic acid mixture, and gave in its place the following:

℞	Sulphite of soda,	ʒ iv.
	Tinct. belladonna,	ʒ iv.
	Simple syrup,	ʒ iv.
	Mint Water,	ʒ iii.

Mix. Give one teaspoonful before each meal, and continue the bismuth powder at bed-time. This has again entirely relieved the irritation and symptoms of indigestion. But to prevent constipation, a compound rhubarb pill must be given at night, instead of the bismuth, at least a part of the time.

Original Translations.

Diagnostic sign of Cancer of the Neck of the Womb.—Besides the difference as to consistence between cancer and simple induration of the neck of the uterus, Prof. Spiegelberg, of Breslau, gives the following sign as distinctive: "The mucus in cancer is firmly adherent to the subjacent tumor, and immovable, while the contrary is the case in hyperplastic thickening and induration. In the latter condition, the mucus, under the influence of compressed sponge, becomes looser, softer and thicker. In cancer it invariably remains hard and rigid, and cannot be torn." — *La France Medicale.*

Hepatic Abscess cured by Injections of Iodized Iodide of Potassium.—A merchant, fifty-two years of age, was seized with deep lacerating pain in the right hypochondrium, followed, fifteen days afterward, with swelling in the iliac region of the same side. After two months of intense suffering the tumor opened spontaneously, discharging a large quantity of fetid pus. For three years this patient underwent different modes of treatment without obtaining any amelioration of the local difficulty. His constitution was greatly impaired when Dr. Goldsberry was called in. Dr. G. commenced by injecting into the fistulous sinuses tepid water twice a day; then a solution of four grains of iodine and eight of iodide of potassium in a pint of water. The strength of this solution was gradually increased as the patient was able to bear it. After making use of this treatment for one year, all flow of pus and bile had ceased, the fistulous tracts were entirely closed, and the general condition was very satisfactory. There was no relapse. — *La France Medicale.*

Medical Responsibility.—A woman, arrived at term, dies of cholera; the doctor is arraigned for not having performed the post mortem Cæsarian section. The College of physicians of the Faculty of Vienna, examined as experts, testified that the physician did not arrive till one hour after the decease of the woman, and that the fœtus could not survive the mother longer than five or six minutes. Besides, the annals of science prove that, in cases of cholera, the death of the fœtus always precedes that of the mother. The doctor was discharged from all prosecution.—*La France Medicale.*

Erectile Tumor in the Duodenum.—At a recent session of the Academy of Medicine, at Paris, Dr. Laboulbene reported the following case:

X——, aged about seventy-four years, presenting no symptoms of diathetical diseases, and no infirmities, had passed black stools without manifesting symptoms of a disease of the stomach. He had also vomited blood of a blackish color, and partly coagulated. Attention was directed to the possibility of a stomachic lesion, either cancer or simple ulcer; but, after having interrogated the patient on all the points which might clear up the diagnosis; after having passed in review the commemorative signs, heredity, etc., no certain conclusion could be arrived at. There existed no appreciable tumor in the abdomen, nor any evidence of disease of the liver; the spleen appeared normal; the finger introduced into the rectum revealed nothing unusual. The thoracic organs, lungs, and heart, performed their functions well: the urine contained neither albumen nor sugar. The general symptoms were not those of a disease of the stomach with troubled digestion, obstinate gastralgia, etc. The diagnosis was *ulcerative lesion of the duodenum*, accounting for the several hæmorrhages from the bowels, and the more rare ejection of blood from the stomach.

The patient died a few hours after having presented signs of internal hæmorrhage. The autopsy, conducted with great care, established the perfect integrity, considering the age of the patient, of almost every thoracic and abdominal organ. At a single point the duodenum was the subject of lesion. Below the entrance of the ductus communis choledochus a small oblong tumor of the size of an almond was found placed lengthwise with regard to the intestine. The prominence formed by the morbid growth was plainly visible on the intestine, washed and freed from the blood which had filled it. Examined under water, the mucous membrane covering the tumefaction showed a small ulcerated opening with fringed borders of a reddish brown color. Dr. Laboulbene recognized this opening as the source of the last hæmorrhage. Two other blackish points appeared to be the sites of old orifices of erosions, now healed, through which other hæmorrhages had taken place.

[The minute anatomy of the tumor, clearly establishing its character, is here omitted.]

The conclusions of Dr. L., in the absence of analogous examples, were limited to the following:

1. Erectile tumors exist in the intestinal tube, as at the surface of the external integument.

2. These tumors are developed in the mucous membrane of the intestine.

3. They may give rise to fatal hæmorrhage. —*La France Medicale.*

The Influence of Colored Rays on Living Organisms.—Those of our readers who have given credence to the newspaper reports touching the remarkable growth—stimulating powers of the blue rays of light will find material for reflection in the following statements of Baudrimont:

"Noxious Influence of Certain Colors on Vegetation.—The communication of M. Poey, of Havana, relative to the influence of violet light on the well-being of plants and animals will be remembered by the reader. M. Baudrimont reports to the same Academy of Sciences that, since 1858, he had pursued investigations similar to those of M. Poey. He had obtained directly opposite results. All colors were unfavorable to vegetation, and none had proved more so than the violet. All the plants subjected to that light were the first to die. The most noxious color after violet was green. Blue, situated between these two, in an optical point of view, did not give such baneful results."—*La France Medicale.*

Tempora Mutantur.—*The sentiment of Parisian women in reference to abortion one hundred years ago.*—We translate from the notes of F. M. LeMoine, the editor of the French edition of that excellent work of John Burton, of York, on Midwifery, the following sentences, published in 1771. They furnish a striking contrast with the sentiment of the women of our day, and serve to indicate how far a people may degenerate in the comparatively short period of one hundred years:

"It cannot be too frequently enjoined upon pregnant women that they carry in their wombs, even in the first days of conception, a living and perfectly organized being. *Not that I fear* that they would undertake the destruction of the fruits of conception by the abominable methods mentioned by Mauriceau, for I believe if there exist to-day any mothers so unnatural as to commit so enormous a crime, their number must be very few, but I desire to inform them of the truth so that they may shun certain kinds of exercise, which are frequent causes of abortion. I know that accoucheurs have sometimes a motive in giving woman a contrary idea. A woman has a miscarriage, the first sentiment she experiences is one of regret and sorrow. She reproaches herself bitterly with not having been able to carry to full term the fruit of conception. Meanwhile, to console her, she is told that she was not yet sufficiently advanced in pregnancy that the embryo should have possessed life, or, that it was only a false conception. It is certainly pardonable to deceive her for the time being, for her acute grief in her then condition might have proved dangerous; but when she has recovered, the truth should be told to her. It must be acknowledged to the honor of women, even of those

most given up to pleasures, that upon the occurrence of miscarriages they repent of any imprudence which they may have committed, and deploring the unfortunate results, promise in another pregnancy to conduct themselves with more caution."

Gleanings from Our Exchanges.

Treatment of Scarlet Fever.— The late Prof. Geo. T. Elliott, in a lecture on this disease, gave the following method of treatment: To bring the eruption out, if it has not already presented itself, order hot baths and blankets. Give nothing to eat at first in the eruptive stage, and only allow the simplest nourishment the first day. Patients experience great relief from baths, and the application of cold cream, or mutton tallow, over the whole body. Visit the patient twice a day. By pouring a pitcher full of cold water over the back of the neck, especially when the glands are enlarged, great comfort is experienced. As a gargle, make use of chlorate of potash or soda. Pieces of ice are good in the mouth. Sprays, thrown in with Richardson's instrument, of lime water, solutions of alum and sulphate of zinc, are beneficial. As a palative to the throat, the vapor from slaked lime can be recommended. Strong beef tea, with opium may be thrown up the bowel. Begin to feed the patient from the second day of the eruption with animal essences. If the tonsils are enlarging and the pharynx exhibits much redness, with diphthertic exudation, the physician has a right to say that things look bad. If the throat symptoms do not mitigate on the fourth or fifth day, the voice being affected, then one feels that there is a good deal of danger. When the kidneys show hyperæmia, desquamation, or transitory albuminuria, then there is a twofold danger. Always examine the urine. When the patient has kidney disease, the treatment should be directed to the skin and bowels; when the latter are loaded and constipated, give powerful saline cathartics. Get Ronochetti's apparatus, to produce perspiration. To convalescing patients the use of iron is beneficial. The bisulphites have been recommended, but, from experience, they cannot be advocated. Belladonna is not always a prophylactic, although, on account of its innocence, and a feeling of satisfaction to the practitioner and family, it is well to administer it.

Hemorrhoidal Tumors of the Female Uretura.—The *Journal de Med. et de Chir. Pratique*, contains an article by M. Richet, on this affection, in which this gentleman calls attention to the fact that many of the painful tumors found in this locality are hæmorrhoidal, and not, as is sometimes supposed, polypoid growths from the mucous membrane. The galvanic cautery and forcible dilatation are spoken of as the most successful modes of treatment.—*Med. Record.*

Conservative Surgery in Minor Operations.— Dr. A. P. Grinnell says, in the New York *Medical Journal:* A lad, aged fourteen, of a vigorous, healthy constitution, received a severe wound on the right hand by a circular saw. Upon examination of the injury, I found that the saw had entirely severed the third finger, with the exception of a little cuticle, which held the end suspended between the first and second articulation, had disarticulated the first and second phalanges at the second joint, and, besides, injured the soft parts in different parts of the hand. My first thought was to finish the amputation of all dependent portions, but, upon reflection, I determined to afford nature an opportunity of showing her skill in establishing a union of these lacerated tissues. The subsequent treatment involved much care and attention, but the result was sufficiently gratifying to reward the effort of preserving the whole hand. We have been taught that, in all injuries of this character, where union has taken place, sensation was lost, and the power of motion considerably impaired: but, in the above case, bone united firmly to bone, tendon with tendon, nerve with nerve, and the circulation of blood was fully restored. Sensation is perfect beyond the point of injury; and, to have secured this result, nerve must have united with nerve, for the amputations of all sensitive portions was complete. The power of motion is also preserved, although not perfect in one finger, owing to anchylosis of a joint.

Vehicle for the Internal Administration of Chloroform (*Journal de Pharm. et de Chimie*, 1872).— Dr. G. W. Murdonck, having tried various formulæ proposed to facilitate the ingestion of chloroform, has found that some were difficult of execution, others contained sulphuric ether, and others again contained but little chloroform. He considers the best proceeding to consist in dissolving the chloroform in glycerin (1:3), which is effected with tolerable facility, and gives a very clear solution, pleasant to the taste, and with a strong odor of chloroform. This solution can be mixed in all proportions with water, without the occurrence of any precipitation, though the odor is distinctly percep-

tible. In forming the mixture it is well to add the chloroform slowly, and to mingle the two thoroughly. It should be left at rest for twenty-four hours; at the expiration of this period, a portion of the chloroform will be found to have collected at the bottom of the vase; this should be separated and mixed with an additional part of glycerin, when no further separation will occur. This mixture may be kept for some time without any loss of chloroform by evaporation.—*Med. Times.*

Ozone in the Atmosphere. — Some researches on native ozone are given in the *Journal de Pharmacie*, by M. A. Houzeau. The air in the open country, taken at a distance of 2 metres above the ground, contains at most, according to this author's investigations, 1-450,000 of its weight of ozone, or 1-100,000 part of its volume. (Density of ozone 1.658 according to Loret.) This amount increases the farther it is from the ground, though it is in all cases quite variable. Litmus paper half iodized in the atmosphere showed the following colors:

Number of hours exposed in calm air.						
2	*4*	*6*	*8*	*10*	*12*	*24*
none	violet	very pale blue	very pale blue	blue	blue	very blue

Number of hours exposed in air agitated.						
2	*4*	*6*	*8*	*10*	*12*	*24*
pale violet	violet	pale blue	blue	very blue	very blue	blue

Its origin is undoubtedly electric, and this the author believes is due in great measure to the silent discharge of electricity from the clouds to the earth.—*Med. Reporter.*

The Phenomena of Menstruation.—The views of Pflüger (*Schroeder's Manual of Obstetrics*) with reference to the cause of the phenomena of menstruation are as follows: A constant irritation is exerted on the extremities of the nerves imbedded in the fibrous stroma of the ovary by the slow but uninterrupted growth of the Graafian follicle. This is not sufficiently intense to produce reflex action at once, but in the intermenstrual period the total irritation is so great that reflex action takes place in the form of marked arterial congestion. This sudden increase in the amount of blood produces essentially two results: In the first place, that Graafian follicle which is the farthest advanced in development ruptures, in consequence of the increased intra-follicular pressure; while, in the second place, a hæmorrhage takes place from the free surface of the uterine mucous membrane; hence the escape of the ovum from the follicle, and the menstrual flow, are joint effects of one and the same cause, namely, the pressure which the developing follicle exerts on the extremities of the nerves, which are distributed throughout the ovarian stroma.—*Gaz. Hebdom.*

Hydropneumothorax.—Sir Henry Thompson, M.D., F.R.C.S. (*British Medical Journal*, Oct. 5th, 1872) in a clinical lecture on this rare disease, stated that he had been induced to modify some of the opinions formerly expressed by him. He was of the opinion, whatever the view taken of the case on admission—whether the man was phthisical or not—whether a gap in the pleura existed at the time or not—under all circumstances, an operation was unavoidable. But the drainage-tubes ought to have been inserted either on the instant, or, at any rate, after the discovery of the following conditions: Free and direct communication between the left pleural cavity and the trachea, advancing disorganization of the right lung, and ever-increasing accumulation of pus, in spite of its enormous discharge. By adopting these measures, the pus might have been kept within bounds, and diverted from the trachea and bronchi; the pneumonic processes, which were so rapidly disabling the only lung of any real use in respiration, might have been arrested; and although the man must invariably have died an early death from combined exhaustion and apnœa, he said that the patient might have been saved from dying of downright suffocation—literally drowned in pus.—*Br. Med. Journal.*

Prof. Agassiz's Expedition.—At the welcome extended to Prof. Agassiz by the California Academy of Sciences, on his arrival at San Francisco with the Hassler Expedition, the speaker reported the following results of the Expedition:

During the 246 days of the voyage there were packed 242 boxes and barrels of specimens. The materials collected will oblige the trustees of the Museum at Cambridge, Mass., to build an extensive addition. The collection of fishes amounts to about 30,000 specimens. He has no doubt that the sum total of specimens brought together exceeds 100,000, and they are not preserved in the old-fashioned way—dried and unfit for further research. To pack these specimens, 3,000 and odd gallons of alcohol were used up, and they are so preserved they will afford materials for investigation for years to come.

Internal Pathology.—Don Jose Zalabardo, of Madrid (Siglo Medico) announces a work on "Internal Pathology," in verse, which will be abreast of the present state of science.

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EDITORIAL.

AMERICAN MEDICAL ASSOCIATION.—MEANS FOR ITS IMPROVEMENT.

Having in two or three preceding numbers of THE EXAMINER, noticed the principal objections to the present organization of the National Association and the suggestions made for its improvement, we feel under obligations to give the results of our own observation and reflection upon the subject. We by no means agree with those who represent the Association as a failure under its present organization. On the contrary, it would not be difficult to show that its influence has been, and still is, very great in all the directions in which it was originally designed to act. That its influence has greatly increased the number and efficiency of the State and local medical societies — that its annual meetings have greatly advanced both the social and scientific intercourse of members of the profession throughout the whole country — that this intercourse has greatly diminished sectional prejudices, and substituted in their place personal friendships — and finally, that it has been largely instrumental in causing the extension of the lecture terms, and the curriculums of study in nearly all the medical schools, and the actual introduction into some of them of a graded or systematic and more complete system of medical teaching, no one who takes the trouble to examine the historical facts, can reasonably entertain a doubt. That there has been no falling off in the number of those who seek its membership and participate in its proceedings, or strive for its honors, the last annual meeting will abundantly show. And if its present organization and by-laws, or rules of action, were fully understood, and the several sections induced to carry out more fully the objects for which they were created, it would result in practically obviating nearly all the important objections that have been urged against the Association. Yet it must be acknowledged that in so large a body, gathering its members from sections so wide apart, and holding its sessions so brief a period, it is almost impossible to have the majority of its members present at any annual meeting, sufficiently familiar with the practical working of its several parts, to make the general result harmonious and satisfactory. The annual meetings of the Association, as at present organized, are too large and too deficient in true representative character, to be reliable and efficient for deliberate legislation on matters of medical polity, or for the direct promotion of medical science. They are well adapted, only, for listening for two or three hours of the morning of each day to well prepared addresses or reports on the progress made in the different departments of medical science and art, and then devoting the remainder of the day to sight-seeing and social intercourse. If such changes in the present organization could be made, as would secure the three following objects, it would undoubtedly constitute a very great improvement.

First, the adoption and enforcement of a fair and uniform standard of medical attainments as a condition of membership in the Association.

Second, the retention of, at least, biennial mass meetings of the membership, which shall be devoted exclusively to the hearing and discussion of addresses on the progress of the different departments of medicine, and to free social intercourse.

Third, the organization of a general council composed of not more than two members from each State, elected in such a manner as to make them strictly representative in character, and holding their office two years. Such council should meet annually, and to it should be entrusted all the strictly business matters of the Association. Such a council would

constitute a compact, intelligent representative body, capable of being so organized into sections and committees as to secure full and deliberate attention to all the important interests of the profession. At the same time, the biennial mass meetings of the membership in the several cities in different parts of the Union, for the purposes stated in a preceding paragraph, would not only retain all the benefits of the present annual meetings, but allow of a great improvement in the social advantages. The first object, namely, the adoption and enforcement of a uniform standard of qualifications for membership in the Association, instead of having members elected annually by all sorts of medical societies, colleges, hospitals, dispensaries, infirmaries, etc., would require the establishment of one or more boards of censors in each State, with strict rules for their guidance, by whom all applicants for admission to membership in the Association should be examined; and those found qualified should receive a certificate or diploma of membership in both the National Association, and State Society of the State in which they live.

And after such boards of censors have been organized and ready for action, there should be no other mode of gaining admission for new members, except through actual examination of such boards. This plan would cut off the whole of those really self-appointed delegates, a large part of whom go to the annual meetings with some private axe to grind, or some specialty to advertise; and what is of far more importance, the standard of qualifications adopted by these boards of censors and the certificate or diploma given by them, would soon come to be recognized as the only legitimate mode of entering fully the ranks of the profession.

Whether the details of a plan for making the changes suggested, could be so arranged as to work well, practically, and secure general approval, remains to be seen. To preserve and foster the connection between the National Association and the several State Medical societies, the members of the General Council of the National Association, consisting of two from each State, should be elected by the State societies; while, to secure as much uniformity of action as possible by the examining boards, the nomination of these, together with the rules governing them, should be made by the General Council. An ample basis of membership could be secured at once, by issuing certificates or diplomas of membership to all who should be members in good standing at the time of adopting the new arrangement, and subsequently admitting no new members, except through the examination and approval of the proper Boards of Censors. This would effectually stop all questions as to the right of this or that institution, college, or society, to representation in the association, and place college faculties, hospital staffs, specialists with infirmaries, etc., on the same footing with all other members of the profession. There would be left but one door of entrance to membership in the national organization for all classes; and it is very plain that the standard of education required to pass that door, would soon become *the only* recognized standard for the whole profession.

Pustulation with Tartar-Emetic as a Substitute for Vaccination.—Dr. B. S. Woodworth, of Fort Wayne, one of the oldest and most eminent physicians in Indiana (*Am. Practitioner*, Sept., 1872), writes that his theory—which he has held for thirty-four years—is, that pustulation by tartar-emetic is as good a preventive of small-pox as perfect vaccination. He was led to this theory from a series of papers, in 1838–9, published in the Boston *Medical and Surgical Journal*, in which the almost exact resemblance of tartar-emetic pustules and vaccinia was mentioned. This fact, he adds, is familiar to every physician. Not only is the similarity of the two perfect at their full development, but the successive stages are also alike. He asks: Why may not this artificial pustulation be just as good a preventive as vaccination, since the same process has been gone through with, and the same molecular changes? And certainly there can be nothing more mysterious in the one case than in the other. Some five or six years after he had first entertained this view, an article in the London *Lancet*, by a German author, advanced the same theory, and, he believes, verified by cases. Dr. Wood-

worth suggests that experiments be made in hospitals, to prove his theory; and closes his communication with these words: "I almost regret that I was ever vaccinated, for I would be willing to run the risk in proving that which I believe true."—*Med. Record.*

Contagiousness of Purulent Secretions.—Dr. Hiller, says the London *Lancet*, in an inaugural dissertation on this subject, maintains the truth of the old view that all purulent secretions are contagious when applied to healthy mucous membrane. He states that pus taken from the vagina of a bitch in which inflammation had been excited by the injection of ammonia produced pyorrhœa in the urethra of a dog into which it was injected, though not before the latter had been mechanically irritated. If no mechanical irritation were employed, no catarrh occurred. The pyorrhœa, both in the male and female animal, appeared to be closely analogous in its nature to gonorrhœa, since it spread in the former to the posterior part of the urethra, and in the latter to the mucous membrane of the uterus. M. Hiller holds that the same obtains in the case of the eye, and that all purulent discharges applied to the conjunctiva are capable of exciting inflammation in it. It is certain, however, that the matter from an inflamed lachrymal sac, or from an abscess of the lid, may freely enter the eye without producing a purulent discharge.—*Lancet for August* 31, 1872. *Mich. University Med. Journal.*

Treatment of Uterine Hemorrhage by Sulphate of Quinine.—MM. Gueneau de Mursy and Bartheg, have resorted, for several years past, to the use of this remedy in the treatment of metrorrhagia, with marked success. It is principally in hæmorrhages which occur several days after delivery and are accompanied by fever, with daily exacerbations, that they have found its use to be of most value; and in several cases it has given relief when used as a *dernier resort*, after ergot and other hæmostatics failed.

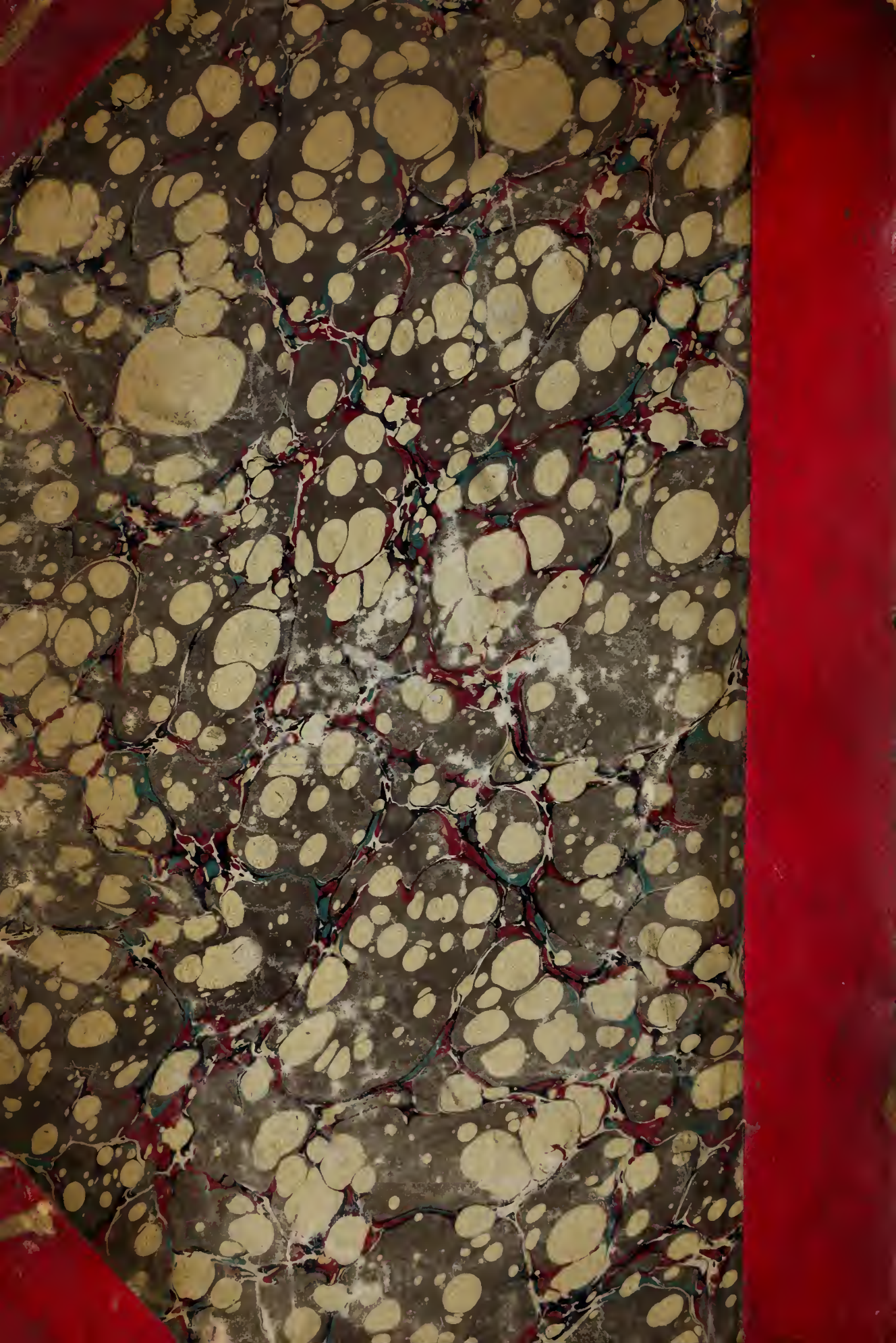
In order to obtain the desired results, it is necessary to give the remedy in sufficiently large doses. The gentlemen above mentioned have used it at the rate of eight grains every two hours. Sometimes it is not necessary to continue the remedy beyond a single day, but it is generally prudent to continue it for several days, even though the hæmorrhage should have ceased.

Mental Disease Prize.—M. Tarlet has made a bequest of 10,000 francs to the Paris Academy of Medicine, for the purpose of founding a prize on mental and nervous diseases.

Book Reviews.

Lessons in Physical Diagnosis. By Alfred L. Loomis, M.D., etc. Third edition. Revised and enlarged. New York: William Wood & Co. W. B. Keen & Cook, Chicago.

This is a work already well and favorably known to the profession. In the present edition the original text has been entirely revised and enlarged by the addition of five new lessons—three on the examination of the urine as applied to diagnosis, and two on the mechanical aids to diagnosis. These additions and revisions add greatly to the practical value of the work, and constitute it a much more complete treatise. The text is well illustrated by numerous wood cuts and engravings.

The Microscope and Microscopical Technology. A text book for Physicians and Students. By Heinrich Frey, M.D., Prof. of Medicine in Zurich, Switzerland. Translated and edited by George R. Cutter, M.D. From the fourth and last German edition. New York: Wm. Wood & Co. Chicago: For sale by W. B. Keen & Cook.

This is a volume of 650 pages, numerously and finely illustrated by some 340 engravings on wood. It is a work which, although it has been but a short time before the public, has already become an invaluable companion to those microscopists who are able to read it in the original. This English translation will, we feel confident, therefore meet with a most favorable reception from the large numbers of students, scientific and professional men to whom it has before been inaccessible. The table of contents embraces the following topics: "Theory of Microscopic; Apparatus for measuring and drawing; The Binocular Stereoscopic, and Polarizing Microscopes; Testing the Microscope; Use of the Microscope; The Preparation of Microscopic Objects; Fluid Media and Reagents; Methods of Staining; Impregnation with Metals; The Drying and Freezing Processes; Method of Injecting; The Mounting and Arrangement of Objects; Blood, Lymph, Chyle, Mucus and Pus; Epithelium, Nails and Hair; Connective Tissue and Cartilage; Bones and Teeth; Muscles and Nerves; Vessels and Glands; Digestive Organs; Pancreas, Liver and Spleen; Respiratory Organs; Urinary Organs; Sexual Organs; Organs of Sense; Index; Price Lists of Microscope Makers."